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NORTHAMPTONSHIRE COUNTY COUNCIL



INSTITUTE OF SOCIAL  
MEDICINE  
  
10, PARKS ROAD,  
OXFORD

# Annual Report

OF THE

MEDICAL OFFICER  
OF HEALTH

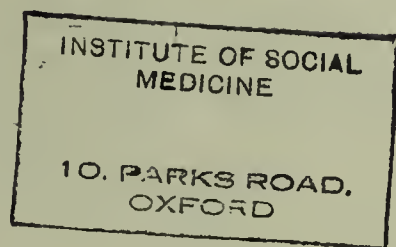
FOR THE YEAR

1949





NORTHAMPTONSHIRE COUNTY COUNCIL



# Annual Report

OF THE

MEDICAL OFFICER  
OF HEALTH

FOR THE YEAR  
1949

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## PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

### Whole-time Officers of the County Council.

#### *County Medical Officer of Health—*

C. M. SMITH, O.B.E., M.A., M.D., Ch.B., D.P.H.

#### *Deputy—*

D. A. McCracken, M.D., Ch.B., D.P.H.

#### *Assistants—*

J. T. Murphy, M.B., B.Ch., B.A.O., D.P.H.

P. X. Bermingham, M.B., B.Ch., B.A.O., D.P.H. (*Commenced duties 1/2/49*)

A. Lucas, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (*Commenced duties 28/2/49*)

W. Aitchison, M.A., M.B., Ch.B., D.P.H. (*14/1/49 to 10/6/49*)

Vida J. M. Stark, M.D., Ch.B., D.P.H.

Muriel C. Goodchild, M.R.C.S., L.R.C.P., D.C.H.

Margaret F. Robinson, M.D., B.A.O., D.P.H.

#### *Chest Physician (Part-time)—*

G. B. Lord, M.D., Ch.B.

#### *School Medical Officers—*

Dr. C. M. Smith

Dr. D. A. McCracken (*Deputy*)

J. Perry Walker, M.B., Ch.B. (*Resigned 31/8/49*)

Dr. J. T. Murphy

Dr. P. X. Bermingham (*Commenced duties 1/2/49*)

Dr. A. Lucas (*Commenced duties 28/2/49*)

Dr. W. Aitchison (*14/1/49 to 10/6/49*)

Dr. V. J. M. Stark

Dr. M. C. Goodchild

Dr. M. F. Robinson

#### *Dental Surgeons—*

J. G. Richardson, L.D.S. (*Senior*)

R. D. R. Hopkinson, L.D.S. (*Resigned 28/2/49*)

C. M. Perry, L.D.S.

R. J. H. Corfe, L.D.S.

J. P. Finnan, L.D.S.

Mrs. F. M. Jones, L.D.S. (*from 30/5/49*)

#### *Food and Drugs Acts : Chief Inspector—*

A. E. Waller

#### *Superintendent Nursing Officer—*

Miss W. M. Williams

#### *Assistant Superintendent Nursing Officers—*

Miss S. H. Buchanan

Miss S. E. Beall

Miss E. F. Billington (*from 20/4/49*)

Miss F. M. Rogers (*from 7/4/49*)



*County Health Visitors—*

Miss R. Crawford	Miss G. M. L. Young ( <i>Resigned</i> 21/5/49)
Miss S. J. Devers ( <i>Retired</i> 31/5/49)	Miss J. L. Chase ( <i>Resigned</i> 3/10/49)
Miss D. B. Prewett	Miss D. Guest ( <i>Resigned</i> 17/7/49)
Miss G. B. B. Millgate	Miss M. Guest ( <i>Resigned</i> 17/7/49)
Miss R. H. Crompton	Mrs. M. Loasby
Miss K. P. Green	Miss B. G. Partridge
Miss L. H. Waugh	Miss G. I. Raistrick ( <i>Temporary</i> )
Miss E. Myerscough	Miss P. Wallis
Mrs. M. Wilson ( <i>Part-time</i> )	Miss J. Jackson
Miss M. A. Hunting ( <i>Temporary</i> )	Miss F. Durham
( <i>Resigned</i> 31/12/49)	Miss S. Foster
Miss D. V. Franklin	Miss B. Marston ( <i>from</i> 20/4/49)
Miss S. Miller	Mrs. C. A. S. Wilson ( <i>from</i> 30/4/49)
Miss M. A. Hunter	Miss M. Swingle ( <i>from</i> 2/5/49)
Miss M. J. Hunter	Miss B. Jackson ( <i>from</i> 4/4/49)
Miss K. Pulley	Miss E. G. Roe ( <i>from</i> 1/9/49)
Miss D. Stokes	Mrs. E. N. Puttock ( <i>from</i> 1/6/49)
	Miss B. J. Lewis ( <i>from</i> 13/6/49)
	Miss N. Crookall ( <i>Part-time</i> ) ( <i>from</i> 3/10/49)

*Duly Authorised Officers and Mental Welfare Officers—*

Miss J. I. M. Sherratt, Dip. Social Science  
 E. Towning, Cert.R.M.P.A.  
 S. A. Crouch

*County Welfare Officer—*

Vacant

*County Sanitary Officer—*

R. E. T. Chinnery, Cert.S.I.B.

*Assistant County Sanitary Officer—*

S. Harris, Cert.S.I.B. (*Resigned* 30/11/49)

*Milk Inspector—*

Miss M. J. Chinn, N.D.D. (*Resigned* 2/10/49)

*Clerical Staff—*

S. E. Bierton (Chief Clerk)	Miss J. E. Coe
R. J. Bruce	Miss P. J. Wadwell
P. J. Chamberlain	Miss C. Loweth
E. W. Smart	Miss M. Hudson ( <i>Resigned</i> 27/8/49)
P. H. J. Wilkinson	Miss E. M. Green ( <i>Part-time</i> )
S. A. Crouch	Miss D. Tomlin
J. V. Ray	Miss M. Gibbons ( <i>Resigned</i> 19/1/49)
R. C. Miller	Miss M. A. E. Dunkley ( <i>Resigned</i> 30/6/49)
R. W. Salmons	Miss B. Hattersley ( <i>Commenced</i> 2/5/49)
D. Allen ( <i>On National Service</i> )	Miss S. Creegan ( <i>Commenced</i> 1/7/49)
R. E. Loveys ( <i>On National Service</i> )	Miss Maureen Ellerton ( <i>Commenced</i> 8/8/49)
J. Going	Miss P. Sadler ( <i>Commenced</i> 22/8/49)
Miss M. Spencer	Mrs. D. Wood ( <i>Commenced</i> 3/10/49)
Miss M. Lloyd	

## NORTHAMPTONSHIRE COUNTY COUNCIL.

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*October, 1950.*

*To the Chairman and Members of the Northamptonshire County Council.*

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Fifty-third Annual Report of the County Medical Officer of Health.

The vital statistics for 1949 show, on the whole, the same trends as in recent years. The birth rate of 16.19 per 1,000 is the lowest rate recorded since 1941, and reveals a progressive decline from the post-war peak which was reached in 1947. The death rate amongst infants was 34 per 1,000 which is the second lowest rate recorded, but it is disappointing to find that this rate is for the first time higher than the rate in England and Wales which is 32 per 1,000. There is obviously need for further enquiry which will be undertaken. I have to record that only one mother lost her life in childbirth and I hope the time is not too far distant when I shall have the privilege of reporting that a year has passed without the death of a mother.

With regard to infectious diseases the commoner diseases, measles and whooping cough, were less prevalent than in previous years, and only seven cases of typhoid and two of paratyphoid fever were notified. Poliomyelitis increased in prevalence and 41 cases were notified, but there was no evidence of any localised spread of the disease in any part of the County. Five patients succumbed to the infection. Public attention is quite rightly focused on poliomyelitis, for it is a disease that seems to strike suddenly from nowhere, like a knife in the dark, and there is no known effective method of prevention. Evidence is available that there is a comparatively widespread prevalence of the virus amongst contacts of cases, so that isolation of patients and immediate contacts is unlikely to be effective except possibly in small villages.

There is, however, one infectious disease which caused 109 deaths—two deaths a week—chiefly among young women and men in the working years of their lives. This disease can be prevented, although, admittedly, prevention is not easy. Pulmonary Tuberculosis, which caused 101 deaths, claims too many young women and breadwinners, and although there is throughout the County a keen appreciation of the importance of the problem, there is need for an urgent drive to banish this disease from our midst. Vaccination with B.C.G. may be the answer and I hope it is, but improvements in standards of nutrition and housing will bear good results. The Medical Research Council in co-operation with the Institute of Social Medicine at Oxford, continued their investigations into the epidemiology of tuberculosis in industry, and an important account of their researches was published in the *British Medical Journal*.<sup>\*</sup> When the knowledge that has been accumulated as the result of this research has been put to practical use, a signal advance in the control of the disease in the factory will be made. The death rate from pulmonary tuberculosis was 40 per 100,000, which is higher than the rate for the previous three years. Deaths from non-pulmonary tuberculosis, that is disease of the glands, bones, joints and other organs, numbered only eight. In the first decade of this century, deaths from non-pulmonary tuberculosis averaged 65 ; since then there has been a steady decline. The increased extent to which milk is pasteurised is undoubtedly related to this fall, and a recent report<sup>†</sup> to the Medical Research Council shows that 26% of all cases of non-pulmonary tuberculosis are bovine in origin, the proportion ranging from 65% for abdominal tuberculosis and 57% for tuberculosis of neck glands to 10% for bone and joint tuberculosis.

<sup>\*</sup> *British Medical Journal*, May 28, 1949, p. 926.

<sup>†</sup> Non-Pulmonary Tuberculosis in England and Wales. Account of a group investigation undertaken during the years 1943 and 1945, *Journal of Hygiene*, Vol. 47, No. 4. December, 1949.



It is not without interest that since the beginning of the century the number of deaths from pulmonary tuberculosis has fallen by half, namely, from approximately 200 to 100, and that the deaths from non-pulmonary tuberculosis have declined to one eighth, from about 65 to 8.

In the field of maternity and child welfare, the year's work was one of steady expansion. Five new Welfare Centres were opened. The District Nursing Service presented problems in relation to Nurses' homes, housing, cars and garages, all of which received the interested attention of the Health Committee. It is already becoming clear that the rising cost of hospital treatment will inevitably result in an increase in domiciliary treatment with a greater demand on the Home Nursing Service. In this connection it is worthy of comment that we are already finding that the chief call on the Home Help Service is from chronic sick and elderly patients. Although they are only granted one or two hours help a day they receive assistance for such long periods that 60% of the total hours worked by the service was devoted to the chronic sick.

As a consequence of the Maternity Medical Services Scheme under which a woman can book a doctor, more cases were attended as maternity cases as distinct from midwifery cases in which the midwife is in sole charge and summons a doctor if necessary. The midwives were unsettled about the falling number of midwifery cases and the Ministry of Health issued an official statement that all cases were to be regarded as midwifery cases unless the doctor who had been booked declared his intention of being present at the confinement whether or not he would be actually needed. The statement did much to reassure the midwives and also acknowledged the part played by the Local Authority's Antenatal Clinic. The Ministry stated

"If the best possible maternity service is to be provided under the National Health Service, the general practitioner, the midwife, the antenatal clinic, and the pathologist, as well as the hospital and specialist services, all have a part to play as members of a team.

The midwife and the ante-natal clinic have at their disposal all the services of the local health authority. If the patient fails to attend as advised she is visited without delay. Blood examinations are carried out as a routine and instruction given in hygiene and mothercraft. If any abnormality arises the general practitioner will be informed."

To deal now with the Ambulance Service. The demand for transport to and from hospitals reached an annual mileage of over 560,000. Every endeavour was made to regulate the use of the service but, like everything else which is free, it is extremely difficult to avoid abuse. The Ambulance Service provides a clear example of the fundamental defect of the National Health Service, namely, that below the level of the Ministry of Health, it is administered by three separate and distinct Authorities who have no official connection with each other, viz. : County Councils and County Borough Councils as Local Health Authorities ; Regional Hospital Boards with their Hospital Managements Committees ; and Local Executive Councils. In the Ambulance Service the hospitals can, for example, order transport which is paid for by the Local Health Authority. If Hospital Management Committees had to meet the expense of transport out of their own budget, they might think twice about spending £20 in one month in bringing a patient 20 miles five times a week for Out-Patient treatment. At the same time, tribute is due to the Northampton Hospital Management Committee who readily agreed to the suggestion that a Transport Officer should be appointed to co-ordinate all demands for ambulances and cars.

In my capacity as Medical Officer of Health, I do what is possible to bridge the gap between the various Services, and I am tempted to remark that at times the gap is in danger of becoming a wide yawning chasm. As a member of both Northampton and Kettering Hospital Management Committees, I attend many meetings and I am satisfied that my presence is at least useful to the County Council, if not, on occasions, also to the Management Committees.

The meetings of the Medical Officers of Health of Local Health Authorities with the administrative medical staff of the Oxford Regional Hospital Board are most useful, and at officer level many difficulties have been ironed out.



Under the Milk (Special Designations) Act, 1949, the appropriate duties were transferred to the Ministry of Agriculture and Fisheries on 1st October. The justification for the Act was the varying standards between one County and another in granting and suspending a T.T. or Accredited licence. The Ministry had, of course, to ask a local body, the County Agricultural Committee, to administer the Act and uniformity will presumably be secured by the appointment of regional or provincial officers. The same degree of uniformity could have been obtained by leaving the work with the County Council and by the appointment of a small regional staff by the Ministry of Health. It should be noted that the County Council's policy was to send Milk Inspectors to call regularly at every licensed farm at milking time, morning or evening, to see the methods of production and handling and to collect routine samples. In addition, routine samples were collected from the receiving depots. This work, involving the collection of over 5,400 samples and the performance of over 5,700 laboratory tests per annum, was carried out by a staff of two Inspectors. I understand that under the new administration, routine visits are not paid to licensed farms. The Local Authorities might do well to take stock, where possible, of services transferred from them, as useful evidence to resist further deprivation of their functions might be collected.

To end on a happier note, I should like to pay tribute to the Voluntary Child Welfare Committees whose work does so much to increase the value of the Centres. The Health Committee is greatly indebted to Voluntary Committees for their services. Tribute is also due to the Voluntary Ambulance Committees who have carried on in a year of great difficulty. I have not received a single complaint that an ambulance has failed to report or has been late, either by day or by night.

To Mr. A. E. Waller, Chief Inspector of Food and Drugs, I am grateful for his excellent and interesting reports which clearly show that the policy of concentrating on the detection of adulteration in milk is the right one, because the purity of other food stuffs is more easily controlled.

I should also like to thank the Chairman and Deputy Chairman of the Health Committee for their patience, interest and support.

To my colleagues, the Medical Officers, Health Visitors, Nurses, Midwives and Clerks, I am greatly indebted for the work they have done, and I have once more pleasure in thanking my Deputy, Dr. D. A. McCracken, who has been largely responsible for the preparation of this report.

I have the honour to be,

Your obedient Servant,

CHARLES MILLIKEN SMITH,  
*County Medical Officer of Health.*

## SECTION A.

### Statistics and Social Conditions.

#### 1(a). GENERAL STATISTICS.

Area of the Administrative County .....	*578,947 acres
Population (Census 1921) .....	211,509
(Census 1931) .....	217,133
(Estimated resident population, middle of 1949) .....	250,500
Number of inhabited houses (Census 1921) .....	50,538
(Census 1931) .....	57,047
Number of families or separate occupiers (Census 1921) .....	52,286
(Census 1931) .....	58,964
Rateable Value (April 1st, 1949) .....	£1,246,955
Actual product of a penny rate 1948-49 (whole area) .....	£4,819

\* Subsequent to the extension of the boundaries of the County Borough of Northampton, on April 1st, 1932.

#### 1(b). VITAL STATISTICS.

	TOTAL	MALE	FEMALE	BIRTH-RATE per 1,000 of the estimated population.
Live births (Legitimate) .....	3,874	1,998	1,876	<b>16.19</b>
,,    ,, (Illegitimate) .....	182	87	95	
				<i>Rate per 1,000 Total (Live and Still) Births.</i>
Still births .....	71	39	32	<b>17.20</b>
				<i>DEATH-RATE per 1,000 of the estimated population.</i>
Deaths (all causes) .....	3,023	1,586	1,437	<b>12.07</b>
				<i>Rate per 1,000 Total (Live and Still) Births.</i>
Deaths from puerperal causes :—				
Puerperal and post abortion sepsis .....		—	—	
Other Puerperal causes .....		1		<b>0.24</b>
Total .....		1		<b>0.24</b>
Death-rate of infants under one year of age :—				
All infants per 1,000 live births .....				<b>33.78</b>
Legitimate infants per 1,000 legitimate live births .....				32.52
Illegitimate infants per 1,000 illegitimate live births .....				60.44
Deaths from (a) Cancer .....				470
(b) Measles .....				—
(c) Whooping Cough .....				4
(d) Diarrhoea (under 2 years of age) .....				6

The birth-rate of 16.19 is lower by 1.27 per 1,000 of the population as compared with the previous year, and slightly lower than the rate for England and Wales (16.7) ; the death-rate is higher by 1.07 per 1,000 of the population as compared with the previous year, and higher by 0.37 than the rate for England and Wales. The birth-rate exceeded the death-rate by 4.12 per 1,000 of the population.

The seven chief causes of death accounted for 73.5 per cent. of the total deaths, and are led by heart disease (29.8), cancer (15.5), intracranial vascular lesions (12.6), bronchitis (5.2), pneumonia (4.1), tuberculosis of respiratory system (3.3), and nephritis (3.0).

The number of deaths associated with childbirth amounted to one as against four in the previous year.

The Maternal mortality rates per 1,000 live and still births during the last ten years have been as follows :—

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Administrative County ... (Number of Deaths)	3.02 (11)	1.79 (7)	1.66 (7)	0.92 (4)	1.67 (8)	0.67 (3)	0.86 (4)	1.40 (7)	0.90 (4)	0.24 (1)
England and Wales	2.16	2.23	2.01	*2.29	*1.93	*1.79	*1.43	*1.17	*1.02	*0.98

\* Including abortion.

The infant mortality rate per 1,000 births (34) is higher by two than the rate for 1948, and two higher than the rate for England and Wales. The illegitimate infant mortality rate is lower by nine than the rate for 1948. The infant mortality rates per 1,000 births during the last ten years have been as follows :

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Administrative County	48.3	48.1	34.5	40.4	38.0	39.1	36.9	35.1	31.7	33.8
England and Wales	55	59	49	49	46	46	43	41	34	32

## 2. AREA AND POPULATION.

There has been no change in the area of the Administrative County.

The Registrar General estimated the mid-year population for 1949 at 250,500 persons, as compared with 247,820 for the previous year.

Comparability Factors for each Urban and Rural District have been issued by the Registrar-General for adjusting the local death-rates for the purposes of comparison with recent years and with the crude death-rate for England and Wales.

The factor in each case may be said to represent the population handicap to be applied to the area, and, when multiplied by the crude death-rate experienced in the area, modifies the latter so as to make it comparable with the death-rate for the country as a whole, or with the similarly adjusted death-rate for any other area. These factors are shown in Tables 1(a) and 1(b), pages 42 and 43.

SECTION B.

General Provision of Health Services.

1. LABORATORY FACILITIES.

MILK.

The following is a synopsis of the work done in the County Laboratory from January to September :

No. of milk samples examined by the Methylene Blue Test .....	5,250
No. of milk samples examined by the Coliform Test .....	65
No. of milk samples examined by the Phosphatase Test .....	482
Total number of Tests carried out ...	5,797

The 5,797 tests were classified as follows :

Designated milk (Methylene Blue and Coliform Tests) .....	3,542
Non-designated milk (Methylene Blue and Coliform Tests) .....	1,198
Pasteurised and Heat Treated milk (Methylene Blue, Phosphatase, and Coliform Tests) .....	947
School milk (Phosphatase, Methylene Blue and Coliform Tests) ...	110

The following tables show the results of the examination of samples of raw milk (except those of School milk) by the Methylene Blue Reduction Test and Coliform Test (*N.B.* 'Satisfactory' means the sample passed the combined tests when they were both carried out). The difference between the total samples taken and total tests carried out is due to there being two tests—Methylene Blue and Coliform—performed on certain samples.

SAMPLES OF DESIGNATED RAW MILK

Month	Number Examined		Satisfactory	
	Methylene Blue Test	Coliform Test	Number	Per cent.
January ... ..	425	15	389	91
February ... ..	437	9	405	93
March ... ..	486	13	445	91
April ... ..	395	6	324	82
May ... ..	502	-	439	87
June ... ..	474	3	309	66
July ... ..	164	5	91	55
August ... ..	420	7	212	50
September ... ..	179	2	111	62
TOTALS ... ..	3,482	60	2,725	78



SAMPLES OF NON-DESIGNATED RAW MILK

Month	Number Examined		Satisfactory	
	Methylene Blue Test	Coliform Test	Number	Per cent.
January ... ..	140	—	114	81
February ... ..	136	2	110	80
March ... ..	165	—	136	81
April ... ..	74	2	53	71
May ... ..	123	—	99	80
June ... ..	140	—	72	51
July ... ..	116	1	62	53
August ... ..	133	—	60	45
September ... ..	166	—	62	37
TOTALS ... ..	1,193	5	768	64

Several samples of designated milk were taken other than those tabulated, but were rendered invalid on account of the high atmospheric shade temperature prevailing during the summer months.

School Milk.

There were collected 100 school milk samples and 110 tests were carried out. Of the 10 Phosphatase Tests none failed to pass and of 100 Methylene Blue Reduction Tests, 13 gave adverse results.

Pasteurised and Heat Treated Milk.

Samples were taken by the District Sanitary Inspectors from Pasteurising and Heat Treatment plants approved by the Ministry of Food under Defence Regulation 55 G, and from Pasteurising plants licensed under the Milk (Special Designations) Regulations, and the following table shows the results of the statutory tests.

Test	Passed	Failed	Total	% Passed
Methylene Blue Test	410	65	475	86
Phosphatase Test	455	17	472	96

Of the samples tabulated above, 116 were taken under Defence Regulation 55G, of which 100 were from Pasteurising plants licensed under the Milk (Special Designations) Orders and 16 from other plants.

The new Milk Legislation, details of which are given in Section E, page 31 became operative on 1st October and the following is the summary of the work carried out in the Laboratory for the period October to December.

RESULTS OF LABORATORY TESTS						
			<i>Passed</i>	<i>Failed</i>	<i>Total</i>	<i>% Passed</i>
(a) <i>Samples taken on behalf of the County Council</i>						
as the Food and Drugs Authority from						
licensed pasteurising plants : 100						
Methylene Blue tests	...	...	93	7	100	93
Phosphatase tests	...	...	97	3	100	97
(b) <i>Samples taken of milk supplied to schools : 81</i>						
<i>Pasteurised Milk (58 samples) :</i>						
Methylene Blue tests	...	...	54	4	58	93
Phosphatase tests	...	...	53	5	58	91
<i>Raw Milk (23 samples) :</i>						
Methylene Blue tests	...	...	20	3	23	87
(c) <i>Samples submitted by District Councils : 144</i>						
<i>Pasteurised Milk (95 samples) :</i>						
Methylene Blue tests	...	...	88	7	95	92
Phosphatase tests	...	...	95	—	95	100
<i>Sterilised Milk (12 samples) :</i>						
Turbidity tests	...	...	12	—	12	100
Methylene Blue tests	...	...	3	—	3	100
<i>Raw Milk (37 samples) :</i>						
Methylene Blue tests	...	...	33	4	37	89
(d) A sample was taken each month, as requested by the Ministry of Health, of milk produced at St. Crispin Hospital Farm, Duston, and submitted to the Public Health Laboratory for submission to the Methylene Blue Test. Each of the three samples taken satisfied the test.						
(e) Summary :						
Total number of samples taken	...	...	...	...	...	181
Total number of samples submitted by District Councils					...	144
Total number of Laboratory tests carried out				...	...	581

#### Control of Infectious Diseases.

The Public Health Laboratory, inaugurated by the Medical Research Council on behalf of the Ministry of Health for the purpose of controlling outbreaks of epidemic disease, is situated at the Northampton General Hospital and is under the direction of Dr. Leslie Hoyle.

#### Water.

The Bacteriological examination of all water samples has been carried out at the Public Health Laboratory, Northampton General Hospital.

## 2. AMBULANCE FACILITIES.

The arrangements whereby the County Council employed the Voluntary Ambulance Committees and St. John Ambulance Brigade on an agency basis for the provision of an ambulance service under the National Health Service Act, were continued. For the first half of the year payment was made at the rate of 1/- per mile for ambulances and 9d. per mile for sitting case

cars, plus an annual grant of £100 for each ambulance provided on the approved establishment. On 1st July an increase of 3d. per mile on these mileage rates was agreed by the County Council at the request of the Voluntary Committees. Arrangements were also continued with the county branch of the Women's Voluntary Services for their hospital car service to provide sitting case cars at the rate of 6d. per mile, to supplement those provided by the ambulance organisations.

Two of the three Bedford-Lomas ambulances which were ordered by the County Council were delivered, one in March and the other in September. The former ambulance was loaned to the Rushden and District Ambulance Committee and the latter to the Towcester Motor Ambulance Committee, on condition that each Committee would be responsible for the maintenance and cost of repairs and that the annual grant of £100 would cease as from the date when delivery of the new vehicle was made.

On 28th February, the Regional Hospital Board closed Kettering Isolation Hospital to infectious cases and all cases had, therefore, to be admitted to the Harborough Road Hospital, Northampton. As infectious cases, mainly from the Western half of the county, were being transported by the Northampton St. John Ambulance Brigade to the Harborough Road Hospital, an agreement was made with them to undertake the conveyance of all infectious disease cases for admission to this hospital for which service they receive £50 per annum plus the current mileage rate for ambulances. The two infectious diseases ambulances, owned by the County Council, were, therefore, no longer required but were retained as reserve vehicles which were available for loan to any Voluntary Committee whose own vehicle was temporarily off the road.

### ANALYSIS OF MONTHLY MILEAGE AND PATIENTS CARRIED

during the year ended 31st December, 1949.

Month.	Ambulances. <i>No. of Patients. Mileage.</i>		Sitting-Case Cars. <i>No. of Patients. Mileage.</i>		Hired Taxis. <i>No. of Patients. Mileage.</i>		Hospital Car Service. <i>No. of Patients. Mileage.</i>		<i>Total No. of Patients.</i>	<i>Total Mileage.</i>
January ...	674	13,560	186	5,118	147	4,227	402	13,714	1,409	36,619
February ...	679	12,942	175	4,841	136	4,250	387	13,378½	1,377	35,411½
March ...	748	15,580	201	6,974	175	5,157	535	18,188½	1,659	45,899½
April ...	819	15,140	197	6,480	208	6,616	508	17,235½	1,732	45,471½
May ...	798	18,265	200	6,773	204	7,490	641	21,438	1,843	53,966
June ...	854	17,271	174	4,876	213	6,776	448	15,237½	1,689	44,160½
July ...	872	17,712	168	4,100	236	7,890	673	22,871½	1,949	52,573½
August ...	812	15,896	174	5,446	264	8,497	574	19,536	1,824	49,375
September	700	16,462	171	5,540	312	8,399	634	21,477½	1,817	51,878½
October ...	782	15,718	172	5,069	283	9,465	705	23,973½	1,942	54,225½
November...	810	17,392	197	5,500	250	6,725	591	20,108	1,848	49,725
December	796	17,044	160	4,972	173	5,003	448	14,862½	1,577	41,881½
<b>TOTAL</b>	<b>9,344</b>	<b>192,982</b>	<b>2,175</b>	<b>65,689</b>	<b>2,601</b>	<b>80,495</b>	<b>6,546</b>	<b>222,021</b>	<b>20,666</b>	<b>561,187</b>

		<i>No. of Vehicles.</i>	<i>Total No. of journeys.</i>	<i>No. of Accident and other emergency journeys.</i>	<i>Total No. of Patients carried.</i>	<i>Total Mileage.</i>
Directly provided service.	Ambulances	2	—	—	—	—
	Cars	—	—	—	—	—
Agency Services.	Ambulances	22	8,895	2,314	9,344	192,982
	Cars	5	1,829	259	2,175	65,689
Hospital Car Service.	Cars	106	6,214	—	6,546	222,021
Hired Taxis.	Cars	—	2,474	—	2,601	80,495
	<b>Totals</b>		<b>19,412</b>	<b>2,573</b>	<b>20,666</b>	<b>561,187</b>



### 3. MATERNITY AND CHILD WELFARE.

#### (i) MIDWIFERY AND MATERNITY SERVICES.

The following table shows the numbers of cases attended by midwives (employed by the former County Nursing Association or by the County Council) each year from 1939 :—

#### DOMICILIARY CONFINEMENTS

<i>Year</i>	<i>Attended by Midwives (County Nursing Assn., or County Council)</i>				
	<i>As Midwives</i>		<i>As Maternity Nurses</i>		<i>Total</i>
	<i>No.</i>	<i>Per cent.</i>	<i>No.</i>	<i>Per cent.</i>	
1939	1149	53	1036	47	2185
1940	1165	53	1040	47	2205
1941	1220	55	998	45	2218
1942	1260	51	1209	49	2469
1943	1094	45	1330	55	2424
1944	1165	44	1505	56	2670
1945	1052	47	1204	53	2256
1946	1074	44	1364	56	2438
1947	1207	43	1620	57	2827
1948	963	42	1349	58	2312
1949	772	39	1216	61	1988

#### (ii) NURSING IN THE HOME.

At the end of the year, 8 whole-time and 5 part-time District Nurses, and 76 District Nurse-Midwives were employed. 127,633 visits were paid to 7,244 cases.

#### (iii) MIDWIVES.

The non-Medical Supervisor of Midwives (Superintendent Nursing Officer) and her staff, made 275 routine visits and 61 special investigations.

The number of midwives who notified their intention to practise in the area at any time during the year was 145 and on December 31st, 116 remained in practice. Of the latter, 82 were employed by the Council (including relief midwives), 20 by Hospital Management Committees, 4 in private nursing homes and 10 in private practice.

*Medical Aid to Midwives.* Medical aid was requested in 290 cases and 106 claims for payment of fees were dealt with from medical practitioners whose assistance had been sought, as against 462 notifications and 241 claims in the previous year.

*Gas and Air Analgesia.* The number of Midwives qualified to administer analgesia was 73. At the end of the year 59 Minnitt Gas-Air Machines were available. From a total of 1988 midwifery and maternity cases, 687 patients received analgesia from the midwives in attendance. (432 midwifery ; 255 maternity).

#### (iv) MATERNITY AND NURSING HOMES.

The number of homes on the register during the year was five and fourteen visits of inspection were paid by an Assistant Medical Officer. " Newlyn " Nursing Home, Kettering, was closed by the proprietor in December.



The registered homes were :

1. " Woodfield " Nursing Home, 36 Wellingborough Road, Finedon (Maternity only).
2. " Hall Hill " Nursing Home, 27 Church Street, Brigstock (Maternity only).
3. " The Granary," Brixworth (Maternity only).
4. " St. Catherine's " Nursing Home, Towcester (Non-maternity only).

(v) MATERNAL MORTALITY.

The Registrar-General reported one maternal death.

The death rate per thousand live and still births was 0.24. The rate for England and Wales was 0.98 per thousand live and still births.

*Puerperal Pyrexia.* Fourteen notifications were received. Three of the notified cases were treated in hospital. There were no deaths among the notified cases.

(vi) OPHTHALMIA NEONATORUM.

Five cases were notified, all of which recovered without impairment of vision ; two cases were treated in hospital.

(vii) MATERNITY ACCOMMODATION.

At the request of the Management Committees the booking of cases on social grounds has continued to be carried out by the Department. The number of cases booked each month is as follows :—

Northampton and District Hospital Management Committee—

Barratt Maternity Home and St. Edmund's Hospital .....	32
--	----

Kettering and District Hospital Management Committee—

Park Hospital, Wellingborough (according to staff available) .....	30-50
St. Mary's Hospital, Kettering .....	22

(viii) ANTENATAL CLINICS.

Clinics were held thrice weekly at Kettering, twice weekly at Wellingborough, weekly at Northampton, Rushden and Corby, fortnightly at Daventry and monthly at Brackley, Long Buckby, Rothwell, Thrapston, Towcester, Oundle and Woodford Halse.

The following statistics relate to antenatal clinics under the control of the Council :—

ANTENATAL CLINICS.

	1948	1949
No. attending for first time .....	1,256	1,426
Total antenatal attendances .....	5,776	6,737
No. sent to hospital :		
For consultation .....	52	56
,, confinement (abnormality) .....	68	76
,, confinement (social grounds) .....	430	652
,, antenatal treatment .....	5	9
,, antenatal treatment and confinement .....	19	13
,, antenatal treatment and miscarriage .....	—	3
No. treated on district (confinement) .....	474	331
No. treated on district (miscarriage) .....	12	15
No. referred to own doctor .....	14	27

The total number of women attending all antenatal clinics was 2,112 or 65.5 per cent. of the total notified births.

## CASES TERMINATED.

	1948	1949
Alive full time .....	1,126	1,002
Premature (under 5½ lbs.) .....	20	45
Stillborn, full time .....	9	11
Premature .....	5	7
Abortion or miscarriage .....	16	25
Left District .....	32	60
Not Pregnant .....	10	15
Not terminated .....	341	527
Twin birth .....	7	13
Triplets .....	—	—
Maternal deaths .....	1	1

Consultative Antenatal Clinics are held at Northampton General Hospital and at Kettering and District General Hospital.

<i>Northampton</i>	<i>Kettering and</i>
<i>General</i>	<i>District General</i>
<i>Hospital.</i>	<i>Hospital.</i>

Details of cases seen at these Clinics are as follows:

(a) No. of sessions .....	130	48
(b) No. of expectant mothers referred to Consultant Obstetrician by medical practitioners and examined by him in a consultative capacity at the Clinic.....	160	173
(c) No. of patients recommended for admission on account of abnormalities and supervised at the Antenatal Clinic (exclusive of cases entered under (b)).....	279	16
(d) No. of cases recommended for admission on account of unsatisfactory home conditions and supervised at the Clinic	86	—
(e) Total No. of expectant mothers who attended at the Clinic during the year .....	525	217
(f) Total attendances of all cases at the Clinic .....	3,094	431

## POSTNATAL ATTENDANCES.

Postnatal attendances were made at the antenatal clinics, the total being 566.

## BLOOD TESTS.

Routine blood testing at antenatal clinics was continued during 1949. Of 1,130 specimens examined, 6 were found to show abnormalities, and these cases were referred for advice and treatment to the appropriate clinics. In addition to specimens for the Wassermann and Kahn reactions, samples were examined by the National Blood Transfusion Service at Cambridge for determination of the Rh. Factor. Of 1,100 samples submitted, 229 or 20.8% were reported as Rh. negative. In addition, 30 repeat samples were submitted at the request of the Regional Transfusion Officer.

ANTENATAL CLINICS.

Clinic	No. of Sessions	Attendances				Average Attendance	
		Primary	Subse- quent	Post- natal	Total	per case	per session
Brackley ...	12	33	54	16	103	3.1	8.6
Corby ...	52	151	663	66	880	5.8	16.9
Daventry ...	23	77	198	34	309	4.0	13.4
Desborough ( <i>closed</i> 7/4/49) ...	3	2	5	—	7	3.3	2.3
Kettering ...	154	357	2250	85	2692	7.5	17.5
Long Buckby (commenced 8/7/49)	6	11	13	6	30	2.7	5.0
Northampton ...	65	235	516	89	840	3.6	12.9
Oundle ...	12	34	68	5	107	3.1	8.9
Rothwell ...	12	51	86	9	146	2.9	12.2
Rushden ...	49	137	450	78	665	4.9	13.6
Thrapston ...	12	28	62	15	105	3.8	8.8
Towcester ...	12	47	65	10	122	2.5	10.2
Wellingborough	85	239	819	143	1201	5.0	14.1
Woodford Halse	12	24	62	10	96	4.0	8.0
TOTAL ...	512	1426	5311	566	7303	—	—

(ix) NOTIFICATION OF BIRTHS.

The number of births notified in the area under Section 203 of the Public Health Act, 1936, was as follows :

Live births, 3,178 ; Still births, 47 ; Total, 3,225.

Notified by Midwives .....	3115
Notified by Doctors and Parents .....	110

(x) CHILD WELFARE CENTRES.

There were 40 Child Welfare Centres in the County. The table on page 20 shews details of the activities carried out at each centre.

The number of children under one year who attended for the first time was 2,022 representing 50.1 per cent. of the total registered live births.

The total number of attendances at all child welfare centres by children under one year of age was 18,180, and by children between the ages of one year and five years, 13,432, shewing a total increase of 4,833 attendances on the numbers for 1948.

(xi) HEALTH VISITING.

The staff consisted of an Assistant Superintendent Nursing Officer, 26 whole-time and 3 part-time Health Visitors.

## HEALTH VISITORS' VISITS.

1. Antenatal .....	469
2. Infants .....	34,046
3. Children 1-5 years.....	40,066
4. Child Life Protection (Up to 30th June) .....	115
5. Visits re Adoption (Up to 30th September) .....	63
6. Tuberculosis cases .....	2,812
7. Mental Defectives .....	549
8. Other visits .....	1,907
9. Scabies .....	57
	<hr/>
	80,084
	<hr/>

In addition, the Health Visitors made 1,157 attendances at the child welfare centres and gave 52 lectures to the mothers, 300 attendances at antenatal clinics, 120 attendances at U.V.R. Clinics, 295 attendances at chest clinics, and 189 attendances at diphtheria immunisation clinics.

A total of 4,222 first visits were made to children under one year.

(xii) NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

At the time of reporting, the only premises registered under the above Act were "Oakroyd" Day Nursery, Finedon Road, Wellingborough (18 places).

No persons were registered as child-minders.

(xiii) ORTHOPAEDICS.

The clinics organised by the Manfield Orthopaedic Hospital continued their valuable work and 96 children under five years of age were referred to the clinics by the Medical Officers in charge of the child welfare centres.

(xiv) MENTAL DEFICIENCY.

The Health Visitors pay routine domiciliary visits to mental defectives who are living in satisfactory homes and whose conduct is not markedly antisocial. Other defectives who require special supervision are visited by the Mental Welfare Officers.

(xv) UNMARRIED MOTHERS.

Twenty-six unmarried mothers were admitted to special homes.

(xvi) PREVENTION OF DEAFNESS AND DEAF-MUTISM.

Twelve cases were referred to hospitals for treatment.

(xvii) (a) Dental Treatment.

The Senior Dental Officer reports as follows :—

The number of dental staff has been further depleted during 1949 without any great alteration in the amount of work done for the Expectant and Nursing Mothers and Children of Pre-School age. It has been found difficult to supply figures for the children under 5 years of age because many of these are already attending schools or nurseries and therefore are accounted for in the school report. A new method of record-keeping was introduced by the Senior Dental Officer so that accurate data should be available next year.

Propaganda Talks and routine Dental Inspection of Expectant and Nursing Mothers have proved impracticable. Certain patients are referred by the medical officers and these are all



offered an appointment for inspection within two weeks of notification. The Prosthetic work is now being carried out by the dental officers with active co-operation from two firms of mechanics to the profession.

There were 183 expectant and nursing mothers made dentally fit and 205 children under 5 years were treated.

#### FORMS OF DENTAL TREATMENT PROVIDED :

	<i>Extractions</i>	<i>Anaesthetics.</i>		<i>Fillings.</i>	<i>Scalings or Scaling and gum treatment.</i>	<i>Silver Nitrate treat- ment.</i>	<i>Radio- graphs.</i>	<i>Dentures Provided.</i>	
		<i>Local.</i>	<i>General.</i>					<i>Complete</i>	<i>Partial.</i>
Expectant and Nursing Mothers	419	37	59	151	183	<i>nil.</i>	1	14	3
Children under 5	201	32	77	125	?	208	<i>nil.</i>	—	—

#### (b) DEFECTIVE VISION.

Two children under five were referred for examination to the School Oculist.

#### (xviii) CONSULTANT OBSTETRIC FACILITIES.

These services, provided by the Regional Hospital Board, are available at Northampton and Kettering General Hospitals. Patients attending the Antenatal Clinics, who require specialists' advice, are referred to these Clinics by the medical officers.

#### (xix) CONTRACEPTION CLINICS.

Eighty-six County cases were advised at the Northampton Women's Welfare Association Clinic.

A Birth Control Clinic was opened by the Council at the Maternity and Child Welfare Centre, School Lane, Kettering, in November. To the end of the year 8 sessions were held and the total attendances were 72, including 38 first attendances.

#### (xx) DOMESTIC HELPS.

The County Council was unable to recruit any full-time domestic helps but extensive use was made of casual helps who were found by the Health Visitors and District Nurses for necessitous cases. The number of cases assisted in this way was 105—35 maternity, 15 acute illness, 4 mother in hospital and 51 chronic sick cases. The number of hours worked by the Home Helps totalled 15,388 of which 3,304 (21.5%) were devoted to confinements, 1,781 (11.5%) to acute illness, 1,063 (7%), to mother in hospital cases and 9,240 (60%) to the chronic sick.

## CHILD WELFARE CENTRES.

NAME OF CLINIC.	AVERAGE NO. OF INFANTS ATTENDING PER SESSION.	AVERAGE NO. OF CONSULTATIONS PER DOCTOR'S ATTENDANCE. BY DOCTOR.		SESSIONS.
Boughton .....	42	19	11	11
Brackley .....	48	18	11	11
Brixworth .....	69	24	11	11
*Broughton .....	30	20	7	7
Burton Latimer .....	53	15	11	22
Cold Ashby and Welford.....	44	17	11	11
Corby .....	44	18	49	48
Daventry .....	23	15	21	22
Desborough .....	36	18	11	21
Duston .....	28	21	22	22
Earls Barton .....	19	24	11	22
Finedon .....	32	17	11	11
††Geddington .....	27	23	7	7
Hackleton .....	38	21	11	11
Higham Ferrers .....	63	27	15	22
Irchester .....	27	18	11	23
Irthlingborough .....	31	20	11	22
Kettering (St. Phillips) .....	21	9	47	47
Kettering (School Lane) .....	47	18	144	146
Kings Cliffe .....	11	10	11	11
Long Buckby .....	34	22	11	11
†Middleton Cheney .....	42	24	6	6
Moulton .....	43	19	11	11
Oundle .....	28	25	11	11
Potterspury .....	38	30	11	11
Raunds .....	27	24	11	11
Roade .....	31	16	11	11
Rothwell .....	37	15	11	22
Rushden.....	70	24	46	47
Thrapston .....	21	20	11	11
Towcester .....	24	15	11	11
Weedon .....	22	15	11	11
‡Weldon.....	20	15	7	7
Wellingborough (Rock Street) .....	42	21	44	47
‡‡Wellingborough (St. Andrews') ...	33	11	18	22
Weston Favell .....	36	17	11	11
Wollaston .....	22	17	11	22
Woodford .....	11	15	12	19
Woodford Halse .....	47	20	11	11
Yardley Hastings .....	42	18	11	11

\* Commenced 16th May.

†† Commenced 2nd May.

† Commenced 9th June.

‡ Commenced 9th May.

‡‡ Commenced 20th June.

## CARE OF ILLEGITIMATE CHILDREN

## MINISTRY OF HEALTH CIRCULAR 2866

The recommendations of the Ministry of Health have been implemented so far as possible and the close liaison between the Peterborough Diocesan Moral Welfare Association, the Kettering Social Welfare League and the Health Department continued. The Association was given a grant of £250 and the League £150 for work undertaken by them on behalf of the Council.

During 1949, of the 183 illegitimate births in the County, 110 cases were brought to the notice of the Moral and Social Welfare Workers.

The following tables show details of the cases for 1949.

1. Total number of cases brought to the knowledge of the Moral and Social Welfare Workers .....	110
2. <i>Source of Reference :</i>	
1. Medical Practitioners .....	18
2. Health Visitors .....	6
3. District Midwives and Nurses (including cases referred by C.M.O.H.) .....	39
4. Private individuals, etc. ....	47
3. <i>Classification :</i>	
1st illegitimate .....	77
2nd illegitimate.....	8
3rd illegitimate .....	5
“ Illegitimate ” of married woman .....	20
4. <i>Ages of Mothers :</i>	
16-21 years .....	46
21-25 years .....	26
25-30 years .....	23
30+ years .....	15
5. <i>Confinement Arrangements :</i>	
1. Park Maternity Home .....	24
2. Barratt Maternity Home .....	3
3. St. Mary's Hospital, Kettering .....	5
4. St. Edmund's Hospital, Northampton .....	2
5. Moral Welfare Homes .....	27
6. At Home .....	15
7. Other Homes and Hostels .....	25
8. Incomplete .....	9
6. <i>Final arrangements made for Babies' Welfare</i> at age of 6 months so far as can be ascertained, including incomplete cases brought forward from last year (1st July 1948—30th June, 1949)—	
Remaining with mother .....	38
Remaining with mother and grandmother .....	30
Adopted .....	19
Admitted to Part III Accommodation .....	1
Mother and child left area .....	7
Admission to voluntary homes .....	4
Boarded-out .....	4

7. *Financial Arrangements :*

Grants from Voluntary Associations .....	10
Affiliation Orders .....	7
Voluntary payments .....	19
8. Babies died within one year of birth .....	7

## SHORT-STAY NURSERY.

One hundred and thirty-five children were admitted to the Short-Stay Nursery at " Thorp-lands ", Kettering Road, Moulton, and the average stay per child was 32.4 days.

The Nursery was transferred to the Children's Committee on 1st January, 1950.

## DAY NURSERIES.

The Day Nurseries, with accommodation for a total of 124 children, were continued at Corby, Kettering and Rushden.

The average daily attendances are given below :

<i>Month</i>	<i>Corby</i>	<i>Kettering</i>	<i>Rushden</i>
January .....	29	29	28
February .....	32	38	28
March .....	39	35	33
April .....	31	41	24
May .....	36	40	31
June .....	35	38	33
July .....	28	35	36
August .....	26	31	37
September .....	29	38	36
October .....	34	37	34
November .....	34	34	25
December .....	27	34	30

*Averages are calculated on Monday to Friday attendances.*

## CARE OF PREMATURE BABIES.

The following is an analysis of the cases notified of babies weighing  $5\frac{1}{2}$  lbs. or less at birth irrespective of the period of gestation. Still births are excluded.

- (a) Number of premature infants notified (including transferred notifications) whose mothers normally reside in the area:—

(i) Born at home .....	79
(ii) Born in hospital or nursing home .....	97

- (b) Premature babies born in the area (whether their mothers normally reside in the area or not) but **excluding** babies born in maternity homes and hospitals in the National Health Service.



	Born at home.							Born in private Nursing Homes*						
	Trans-ferred to hosp. (1)	Nursed entirely at home.					Grand total. (7)	Trans-ferred to hosp. (8)	Nursed entirely in private N. home.					Grand total. (14)
		Died in first. 24 hrs. (2)	Died on 2nd to 7th day. (3)	Died on 8th to 28th day. (4)	Sur- vived 28 days. (5)	Total. (6)			Died in first 24 hrs. (9)	Died on 2nd to 7th day. (10)	Died on 8th to 28th day. (11)	Sur- vived 28 days. (12)	Total. (13)	
Under 3 lbs. ...	5	5	3	—	—	8	13	—	—	1	—	—	1	1
3—4 lbs. ...	2	4	2	—	3	9	11	—	—	—	—	1	1	1
4—5½ lbs. ...	5	1	2	—	47	50	55	—	—	1	—	8	9	9
Total ...	12	10	7	—	50	67	79	—	—	2	—	9	11	11

\* NOTE : Including Maternity Homes not in the National Health Service and Mother and Baby Homes where the women are confined in the Home.

4. MENTAL HEALTH SERVICES.

1. Administration.

(a) Constitution of the Mental Health Services Sub-Committee.

The Mental Health Services Sub-Committee consists of nine members of the Council and three co-opted members. Meetings are normally held quarterly.

(b) Staff.

- (i) The County Medical Officer of Health and his Deputy deal with the day to day problems.
- (ii) Duly Authorised Officers and Mental Welfare Officers :—

Miss J. I. M. Sherratt  
E. Towning.  
S. A. Crouch.

(iii) Occupation Centre :—

Miss F. L. Caswell (Senior Supervisor).  
Miss B. V. Miller.

(c) Co-ordination with Regional Hospital Board and Hospital Management Committees.

The County Medical Officer of Health is a member of the Northampton and Kettering Hospital Management Committees. The Deputy County Medical Officer of Health is a member of the Psychological Sub-Committee of the Medical Advisory Committee of the Oxford Regional Hospital Board. The Physician Superintendent of St. Crispin Hospital has always readily given his help and advice whenever he has been consulted.

(d) Duties delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations.

(c) Training of Mental Health Workers.

One of the Duly Authorised Officers attended a seven weeks' course arranged by the National Association for Mental Health for Mental Health Officers employed by Local Authorities.

The Assistant Supervisor attended a refresher course for staffs of Occupation Centres arranged by the National Association for Mental Health.

2. Account of Work undertaken in the Community.

(a) Section 28 of the National Health Service Act, 1946.

Upon notification from Hospital Management Committees or in the cases of ex-service men from the Regional Hospital Board, after-care is undertaken by the Officers of the Local Health Authority in regard to patients discharged or on trial.

(b) *Lunacy and Mental Treatment Acts, 1890-1930.*

Patients are no longer restricted to particular hospitals, but in compliance with the Regional Hospital Board directive the Duly Authorised Officers endeavour to secure admission only to those hospitals which would have been approached had the Act not been amended. The following cases were dealt with by the Duly Authorised Officers :—

*Cases referred to Duly Authorised Officers :*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
No. of cases certified and removed to hospital .....	32	50	82
No. of cases removed on Three Day Orders and subsequently			
(a) Certified .....	10	11	21
(b) Admitted as Temporary Patients .....	—	1	1
(c) Admitted as Voluntary Patients .....	1	1	2
No. of cases removed on a Justices Order (14 days) and subsequently			
(a) Certified .....	—	1	1
(b) Admitted as Voluntary Patients .....	1	—	1
No. of cases admitted as Temporary Patients.....	—	2	2
No. of cases admitted as Voluntary Patients .....	3	4	7
No. of cases in which no action was necessary .....	7	6	13
 Total number of cases referred .....	 54	 76	 130

The numbers of cases admitted to Mental Hospitals as Health Service patients from the County were as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Voluntary Patients .....	93	108	201
Temporary Patients .....	—	5	5
Certified Patients .....	42	62	104
	135	175	310

The following table gives the numbers of certified patients by age groups admitted from the County to St. Crispin Hospital, Duston.

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 20 ... ..	4	1	5
20—29 ... ..	10	5	15
30—39 ... ..	7	2	9
40—49 ... ..	8	9	17
50—59 ... ..	3	10	13
60—69 ... ..	3	11	14
70—79 ... ..	6	17	23
80 and over ... ..	1	7	8
	42	62	104

(c) *Mental Deficiency Acts 1913-1938.*

(i) The number of ascertained cases on the Register at the end of the year was 620.

<i>In certified institutions :</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Bromham House Colony .....	43	42	85
Park Hospital, Wellingborough .....	10	7	17
St. Mary's Hospital, Kettering .....	8	11	19
Stoke Park Colony .....	7	7	14
State Institutions .....	6	7	13
Brentry Colony, Bristol .....	9	—	9
Whittington Hall, Chesterfield .....	—	6	6
Royal Earlswood Institution .....	3	1	4
Levesden Hospital, Nr. Watford .....	1	3	4
Borocourt Institution, Nr. Oxford .....	3	1	4
Pewsey Colony, Wiltshire .....	3	—	3
Manor House Institution, Aylesbury .....	3	—	3
St. Francis' School, Buntingford .....	2	—	2
Rock Hall House, Bath .....	1	—	1
Royal Eastern Counties Instn., Colchester .....	—	1	1
Mary Dendy Home, Sandebridge .....	1	—	1
Church Hill House, Bracknell .....	1	—	1
Hortham Colony, Almondsbury.....	1	—	1
Ashton Hall Institution, Ashton-on-Trent .....	—	1	1
	102	87	189
On licence from institutions .....	8	6	14
Cases under Guardianship .....	4	3	7
	114	96	210
Total number of cases under Orders .....			
Number of cases under Statutory Supervision .....	93	61	154
Number of cases under Voluntary Supervision .....	35	34	69
Number of cases otherwise "ascertained".....	88	99	187
	330	290	620

Ascertainment Rate : 2.48 per 1,000.

(ii) *Ascertainment*

Forty-five new cases were ascertained of which 18 were reported to the Mental Health Services Sub-Committee by the County Education Committee and 27 were ascertained through the Courts, the Health Department, School Health Services, the County Welfare Department, etc. The number of Orders made under the Mental Deficiency Acts was 13. Three patients were transferred from one certified institution to another. One patient in a certified institution was certified under the Lunacy Act and admitted to St. Crispin Hospital, Duston, and one patient under Guardianship was certified under the Lunacy Act and admitted to the Mental Hospital, Hellingly, Sussex. One patient was licensed out from a certified institution and one patient was licensed from one certified institution to another. One patient died in Pewsey Colony, Wiltshire. The Order in the case of one patient under Guardianship lapsed by the operation of the law, and two patients were discharged from Orders under the Mental Deficiency Acts.

(iii) *Guardianship.*

Three patients remained in the care of guardians supervised by the Brighton Guardianship Society. From the monthly reports received from the Society it would appear that



these patients are happy and well cared for. Four defectives were under Guardianship in the County and received regular visits from the Mental Welfare Officer.

(iv) *Licence.*

Fourteen patients (8 males and 6 females) were on licence from institutions. The six female patients continued in domestic service. Of the male patients on licence, six are labourers and two are working in boot and shoe factories. All the patients on licence in the County are visited regularly by the Mental Welfare Officer.

(v) *Medical Examinations.*

Forty-five special examinations by Medical Officers were carried out.

(vi) *Domiciliary Supervision.*

The Health Visitors made 549 routine visits to defectives under Statutory and Voluntary Supervision in their homes. The Mental Welfare Officers carried out 1,009 visits and interviews.

(vii) *Admission to Institutions.*

Sixteen patients were certified and admitted to institutions, eight of the vacancies being secured directly by the Regional Hospital Board. In addition three "Place of Safety" Orders were issued. The number of cases awaiting admission to certified institutions at the end of the year was fifty-three (31 males and 22 females).

The securing of vacancies in institutions is more difficult than ever, especially for children. The position has in no way been alleviated during the past twelve months as admissions are allowed now only to institutions within the Region of the Oxford Regional Hospital Board, and thus the community care of defectives is still a very important aspect of mental health work.

The co-operation of parents is very important in the community care of defectives, and the majority of parents realise this and give every assistance. A number of patients who are in urgent need of training remained at home with their parents or guardians to be, in some cases, an almost intolerable burden to their families.

(viii) *Training.*

The shortage of permanent accommodation has been alleviated to some extent in the Kettering area by the opening of the Occupation Centre on 1st March, 1949. The Centre receives defectives from Kettering, Corby, Rushden, Burton Latimer and Walgrave who travel daily by bus, being met by the Staff from the Centre. The Occupation Centre is situated in premises rented by the Council from the London Road Congregational Church and the Council has the use of a schoolroom, a large hall, kitchen, two lavatories and washing facilities. It is proposed to accommodate some twenty defectives and at the end of the year seventeen were in regular attendance. The Centre is open daily during the normal school term from 9.30 a.m. to 3.30 p.m. Free milk and hot midday meals are provided similar to those for normal school children. Whilst in attendance the children are under the care of a supervisor and her assistant, who are responsible for the defectives' well-being and for teaching them simple handicrafts and general training to enable them to fit into family society.

The ten months' work has proceeded very satisfactorily and happily and the younger children already show an improvement in stability and confidence.

Approximately half of the adult defectives living at home are gainfully employed. The remainder over sixteen years of age are in receipt of maintenance grants from the National Assistance Board.



### **3. Ambulance Service.**

Use is made of the local authority's ambulance service to transport patients dealt with under the Lunacy and Mental Treatment Acts. In the case of patients dealt with under the Mental Deficiency Acts it has been found, as a rule, more convenient for the Officers to use their own cars for transport.

### **4. General.**

It is a cause for some concern that old people suffering from mild senile dementia and in need of care and attention should have to be certified under the Lunacy Act and admitted to a Mental Hospital which is already overcrowded. Every effort has been made after consultation with their own doctors, for the care of such cases to be handed over to the Welfare Department. In this way the certification of some old people has been avoided, but nevertheless the number of admissions of old people to the Mental Hospital is high.

## SECTION C.

## Sanitary Circumstances of the Area.

## WATER SUPPLY.

**Mid-Northamptonshire Water Board.** The Mid-Northamptonshire Water Board Order Confirmation (Special Procedure) Bill received the Royal Assent on 31st May, 1949, and the appointed day for the Board to assume its responsibilities was 1st July.

The actual transfer of the detailed duties of water supply and distribution was, however, bound to be a lengthy and involved process, and the position at the end of the year was that some of the County District Councils included in the Board's area, were still carrying out these duties on behalf of the Board.

**Rural Schemes.** The following schemes were submitted, in accordance with the provisions of the Rural Water Supplies and Sewerage Act, 1944, for the observations of the County Council, and were approved in principle.

<i>Local Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>
Oundle and Thrapston Rural District Council.	Water supply for parishes of Aldwinckle, Pilton, Thorpe Achurch and Wadenhoe.	£5,100
Wellingborough Rural District Council	Water supply for parish of Wilby.	£1,600
Oundle and Thrapston Rural District Council.	Water supply to Blatherwycke, Bulwick, Collyweston, Deene, Deene-thorpe, Duddington, Easton-on-the-Hill, Fineshade, Harringworth, Laxton, and Wakerley.	£82,500
Brixworth Rural District Council.	Water supply to parish of Marston Trussell.	(Bulk supply from Market Harborough.)
Kettering Rural District Council.	Water supply, parish of Cransley, and to parish of Grafton Underwood.	£2,250 £2,750

## DRAINAGE AND SEWERAGE.

**Rural Schemes.** The following schemes were submitted in accordance with the provisions of the Rural Water Supplies and Sewerage Act, 1944, for the observations of the County Council, and were approved in principle.

<i>Local Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>
Brackley Rural District Council.	Sewerage and sewage disposal, parish of Kings Sutton.	£9,352
Northampton Rural District Council.	Sewerage and sewage disposal, parish of Hackleton.	£8,829
Daventry Rural District Council.	Sewerage and sewage disposal, parish of Farthingstone.	£6,800
Brixworth Rural District Council.	Sewerage and sewage disposal, parishes of Clipston	£17,350
	Sibbertoft	£9,250
	Great Oxendon	£7,280
	East Haddon	£15,800
Daventry Rural District Council.	Sewerage and sewage disposal, parish of Lilbourne.	£7,250
Wellingborough Rural District Council.	Sewerage, parish of Sywell	£8,280

### Contributions under the Rural Water Supplies and Sewerage Act, 1944.

The Ministry of Health having indicated the amount of grant payable by that department towards the cost of certain approved sewerage and water supply schemes, the County Council approved the payment of contributions, in accordance with the approved scale of contributions.

<i>Local Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>	<i>Ministry of Health Grant</i>	<i>County Council's contribu- tion. Capital Sum. Loan Charges</i>
Brixworth Rural District Council.	Water Supply— Arthingworth, Draughton, Kelmarsh, Lampport, Maidwell.	£24,032	£4,500	(£4,500) £230 per annum for 20 years.
Kettering Rural District Council.	Water Supply— Cransley, Weldon.	£3,975	£150 £1,500	(£150) £7/10/0 per annum for 20 yrs. £125 per annum for 12 years.
Daventry Rural District Council.	Water supply— Hellidon.	£13,212	£5,000	(£4,404) £225 per annum for 20 years.
Brixworth Rural District Council.	Regional Water Supply.	£91,414	£21,000	(£21,000) £1,070 per annum for 20 yrs.
Wellingborough Rural District Council.	Newton Bromshold Water Supply.	£2,100	£450	(£450) £23 per annum for 20 years.
	Bozeat Water Supply.	£15,300	£2,800	(£2,800) £143 per annum for 20 years.
Kettering Rural District Council.	Water supply— Geddington Newton Oakley	£7,297 £2,246 £2,305	£1,000 £500 £500	(£1,000) £83/6/8 per annum for 12 yrs. (£500) £41/13/4 per annum for 12 yrs. (£500) £41/13/4 per annum for 12 yrs.
Kettering Rural District Council.	Sewerage— Broughton.	£6,350	£2,000	(£2,000) £102 per annum for 20 years.
Wellingborough Rural District Council.	Sewerage— Orlingbury, Great and Little Harrowden.	£27,200	£10,000	(£9,066) £463 per annum for 20 years.
	Sewerage— Bozeat.	£11,600	£4,000	(£3,866) £198 per annum for 20 years.
Brackley Rural District Council.	Sewerage— Kings Sutton.	£10,600	£4,000	(£3,520) £180 per annum for 20 years.
Brixworth Rural District Council.	Sewerage— Moulton and Overstone.	£31,300	£12,000	(£10,433) £533 per annum for 20 years.
Daventry Rural District Council.	Sewerage— West Haddon.	£16,800	£6,000	(£5,600) £286 per annum for 20 years.
Brixworth Rural District Council.	Sewerage— Cold Ashby.	£4,100	£1,500	(£1,367) £70 per annum for 20 years.

<i>Local Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost.</i>	<i>Ministry of Health Grant.</i>	<i>County Council's contribution. Capital Sum. Loan Charges.</i>
Daventry Rural District Council.	Sewerage— Badby and Newnham. Kilsby	£28,568 £13,150	£12,500 £6,000	(£9,523) £485 per annum for 20 years. (£4,500) £230 per annum for 20 years. (£6,500)
Kettering Rural District Council.	Sewerage— Gretton.  Weldon.	£22,050  £32,400	£6,500  £10,000	£332 per annum for 20 years. (£10,000) £510 per annum for 20 years. (£7,565)
Northampton Rural District Council.	Sewerage— Hartwell and Ashton. Bugbrooke and Nether Heyford.	£22,695  £46,350	£10,000  £13,500	£385 per annum for 20 years. (£13,500) £688 per annum for 20 years.

#### Progress of Schemes.

Many of the above mentioned schemes are of urgent necessity on public health grounds and it is regretted that owing to increasing financial stringency, actual permission to start the work is being delayed in many cases.

## SECTION D.

### Rural Housing.

#### Joint County Committee on Rural Housing.

No meetings of the Committee were held.

The following table shows the post-war record of the Rural Housing Authorities from 1st April, 1945, up to December 1949, inclusive.

RURAL HOUSING AUTHORITY	<i>Houses built or building</i>			<i>Total No. of Houses completed</i>	<i>No. of post-war houses completed per 1000 of population</i>
	<i>PERMANENT No. under construction</i>	<i>No. Completed</i>	<i>TEMPORARY No. Completed</i>		
Brackley	96	117	—	117	13.0
Brixworth	116	200	—	200	11.1
Daventry	64	224	—	224	14.0
Kettering	42	238	—	238	19.8
Northampton	141	595	40	635	33.4
Oundle and Thrapston	64	156	40	196	10.9
Towcester	60	453	30	483	34.5
Wellingborough	66	212	—	212	13.2



SECTION E.

Inspection and Supervision of Food.

1. MILK SUPPLY.

On 1st October the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949, came into force. The former Act transferred the duties of registration and supervision of dairy farms from the local authorities in respect of producers of raw milk and from the County Council with regard to designated raw milk, to the Ministry of Agriculture and Fisheries. The Milk and Dairies Regulations, 1949, made the registration of milk producers the responsibility of the Ministry of Agriculture and Fisheries and the registration of milk distributors and other dairy premises by the local authorities.

Under the Milk (Special Designations) Regulations licences in respect of producers and producer retailers are issued by the Ministry of Agriculture and Fisheries, whilst local authorities retain the responsibility for granting dealer's and supplementary licences under the Regulations. The County Council, as the Food and Drugs Authority, are now responsible, under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations for granting dealer's licences in respect of pasteurising and sterilising plants.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936-1946.

During the period January-September, the County Council granted 29 Tuberculin Tested licences and 12 Accredited licences ; and during the same period four Tuberculin Tested and 18 Accredited milk licences were cancelled. At the end of September there were 189 Tuberculin Tested and 237 Accredited licences in force in the County, a further increase of 25 over the previous year in the case of Tuberculin Tested licences. Four licences to bottle Tuberculin Tested milk were granted and three were cancelled.

There were 3,482 samples of Tuberculin Tested and Accredited milk collected and examined during the period ; of which 2,725 (78%) were satisfactory ; in calculating this percentage, all unsatisfactory samples are taken into account, including repeat samples from farms where methods of production were found to be sub-standard. Of these 3,482 samples of milk, 2,273 were taken at depots and 1,209 from farms at milking times.

The Assistant County Sanitary Officer made 76 initial visits to premises of new applicants and made in addition 73 visits with reference to building work.

NON-DESIGNATED MILK SUPPLIES.

The District Sanitary Inspectors took 1,193 samples for examination by the Methylene Blue Test at the County Laboratory. The results were as follows :

Good keeping quality .....	768 (64%)
Moderate keeping quality .....	156 (13%)
Poor keeping quality .....	269 (23%)

MILK AND DAIRIES ACTS AND ORDERS.

The following table gives a list of inspections carried out by the Veterinary Inspectors of the Animal Health Division of the Ministry of Agriculture and Fisheries :

## INSPECTION OF DAIRY HERDS.

(a) *Clinical Inspection.*

	<i>No. of Herd Inspections.</i>	<i>No. of Cattle Examined.</i>
" Tuberculin Tested " and Certified Herds ...	362	21,914
Accredited or Standard Herds .....	357	7,980
Non-designated Herds .....	1,302	17,454

(b) *Tuberculin Testing of " Tuberculin Tested " and Certified Herds  
(Other than " Attested " Herds)*

No. of cattle tested .....	11,692
No. of reactors found .....	37

Of the 203 Tuberculin Tested herds in the County, 114 were, at the end of the year, entered in the Register of Attested Herds of the Ministry of Agriculture and Fisheries.

## FOOD AND DRUGS ACT, 1938, SECTION 25.

A total of 84 samples of milk supplied to schools were examined biologically at the Public Health Laboratory for the presence of tubercle bacilli—no evidence of tubercle bacilli was found in any of the samples.

**2. PROPOSED CLEAN FOOD GUILD.**

The formation of a Clean Food Association for Northamptonshire was considered at a meeting of District Medical Officers of Health and Sanitary Inspectors on 26th July. The matter was referred for consideration by a representative sub-committee of Medical Officers of Health and Sanitary Inspectors. A detailed report on the proposed Clean Food Guild for Northamptonshire was considered on 4th November, when members of District Councils attended.

The objects of the proposed Guild would *inter alia* be (a) the promotion of improvements in hygienic manufacture, handling and distribution of food stuffs, (b) encouragement of the observation of statutory standards of hygiene applicable to food premises, (c) the application of codes of practice, (d) the education of food handlers.

**3. MEAT AND OTHER FOODS.**

All the samples of Condensed milk were satisfactory and no action was required to be taken under the Public Health (Condensed Milk) Regulations, 1923, 1927 and 1943.

A large number of samples were analysed for the presence of preservatives and all were satisfactory. One sample of Beef Sausage Meat was reported to contain sulphur dioxide and to be undeclared. The sample was taken informally and it was later ascertained that the presence of preservative was declared by means of a show ticket.

No action was necessary under the Public Health (Preservatives, etc., in Food) Regulations, 1925, 1926, 1927 and 1940.

No action was taken under the Public Health (Dried Milk) Regulations, 1923, 1927 and 1943.

## 4. ADULTERATION, etc.

## FOOD AND DRUGS ACT, 1938.

The County Analyst (E. Voelcker, Esq., A.R.C.S., F.R.I.C.) has reported as follows :

During the year ended 31st December, 1949, 652 samples have been examined under the above Act. The samples are as follows :

		Brought forward	601
Milk.....	492	Tomato Savoury .....	1
Channel Island Milk .....	6	Tomato Ketchup .....	1
Sterilised Milk .....	1	Parmino .....	1
"Appeal to Cow" Milk .....	7	Sauce .....	1
Milk Plus .....	1	Mayonnaise .....	2
Condensed Machine Skimmed		Salad Cream .....	5
Milk.....	2	White Pepper .....	1
Full Cream Condensed Milk	5	Salad Oil .....	1
Ice Cream .....	21	Malt Vinegar .....	1
Butter .....	2	Sieved Apple .....	1
Margarine .....	1	Fresha Apple Compound ...	1
Lard Compound .....	1	Fruit Pectin .....	1
Tea .....	1	Rhubarb in Syrup .....	2
Coffee .....	3	Golden Plums in Syrup ...	1
Coffee Extract .....	1	Cherries in Syrup .....	1
Jam .....	6	Lemonade Crystals .....	1
Marmalade .....	4	Saccharin Tablets .....	1
Ginger Marmalade .....	1	Choc. Fruit Dainties .....	1
Honey .....	1	Vitamin Fruit Rings .....	1
Golden Syrup .....	1	Honey Lumps .....	1
Doughnuts .....	3	Merton Mints .....	1
Fancy Pastry.....	1	Old Fashioned Clove Rock ...	1
Custard Mix .....	1	Liquid Frozen Egg .....	1
Scotch Pancakes .....	1	Grapefruit Squash .....	1
Cream Buns .....	1	Peppermint Cordial .....	1
College Pudding .....	1	Lemon Squash .....	1
Shortbread .....	1	Orange Squash .....	1
Windsor loaf .....	1	Non-Alcoholic Ginger Wine	1
Sweetened Sponge Mixture	2	Whisky .....	5
Pastry Mix .....	1	Gin .....	1
Sausage Meat .....	1	Liquorice and Blackcurrant	
Beef Sausages .....	9	Pellets .....	1
Beef Sausage Meat .....	10	Malt Extract and Cod Liver	
Chitterlings .....	1	Oil .....	1
Liver Sausage .....	1	Liquid Paraffin .....	1
Brawn .....	3	Boracic acid powder.....	1
Pork Meat Pudding .....	1	Boracic acid crystals .....	1
Fish Paste .....	1	Boracic ointment .....	2
Potted Meat .....	1	Lactomalt .....	1
Brands Essence .....	1	Tincture of Iodine .....	1
Tomato Soup .....	2	Aspirin Tablets .....	1
		Zinc Ointment .....	1
Carry forward	601		
		TOTAL .....	652

and of this number 115, or 17.6 per cent were reported upon as being unsatisfactory.



MILKS. Of the 506 samples submitted, 112 were unsatisfactory ; seven were taken as " Appeal to Cow ", whilst the remaining 387 were satisfactory and of good quality. Omitting the seven " Appeal to Cow " samples the percentage of unsatisfactory samples for the year is 22.4 which is higher than that for the years 1946, 1947 and 1948. Details of the unsatisfactory milks are as follows :

<i>Quarter.</i>	<i>Added Water.</i>	<i>Deficient in fat.</i>	<i>Deficient in S.N.F. but not due to added water.</i>	<i>Total.</i>
March ...	8	12	5	25
June ...	4	12	2	18
September	13	11	28	52
December	5	8	4	17
TOTAL	30	43	39	112

MISCELLANEOUS FOODS examined cover a very wide range and are chosen for sampling for various reasons : for instance, to compare with standards where these exist, for the presence of preservative which is prohibited or strictly limited in use, for possible deterioration through storage, for conformity with advertising claims and declared ingredients, and as a result of complaints or information received. Of the 146 samples, other than milk, submitted, three only were found to be unsatisfactory. These were :

Salad Cream.  
French Mayonnaise.  
Beef Sausage Meat.

Although the edible vegetable oil contents of the salad cream and mayonnaise samples were satisfactory, being at least 25.0 per cent in each case, as required by the Food Standards (Salad Cream and Mayonnaise) Order, 1945, there was a marked deficiency in egg yolk solids, these being a measure of the egg yolk used either as such or as whole egg or dried egg to emulsify and stabilise the salad cream. The respective amounts of egg yolk solids found were 0.40 per cent and 0.54 per cent as against the required minimum of 1.35 per cent, the corresponding deficiencies being 70 per cent and 60 per cent. The sample of Beef Sausage meat contained undeclared sulphur dioxide preservative. Sausages and sausage meat may contain up to 450 parts per million of sulphur dioxide provided its presence is declared. Although preservatives such as sulphur dioxide, benzoic acid and in the case of margarine, boric acid, were found to be present in many samples examined, in no instance was the amount present in excess of the permitted maximum and further, no sample was found to be unfit for human consumption.

Besides the samples examined under the Food and Drugs Act, 1938, two samples, Crystal starch and chewing gum, were examined under the Merchandise Marks Act, 1887.

(Signed) ERIC VOELCKER.  
County Analyst.

The Chief Inspector of Food and Drugs (Mr. A. E. Waller) reports :

#### MILK.

Milk, of necessity, continues to provide the greater part of the samples taken and the percentage reported against, 22.4 per cent, is a higher proportion than any year since 1945 when it was 24.4 per cent.

Thirty samples contained added water, but these were obtained from only nine sources. As 12 watered samples were procured from one producer, seven from another and five from another, the comparatively large increase in adulterated samples of milk, from 19 in the previous year to 30 in the year under review, is not so alarming as might at first appear.



The number of samples deficient in fat, 43, is very similar to the previous year's figure of 46, and in only one case, where there was evidence of abstraction, were legal proceedings warranted.

Thirty-nine samples deficient in solids-not-fat shew a notable increase on similar samples of the previous year, the figure then being only 13.

The exceptional dryness of the summer weather and the very pronounced shortage of grass feed over a long period undoubtedly contributed to milk being low in both fat and solids-not-fat.

Figures relating to many hundreds of samples of milk tested at large dairies, and which were made available for my inspection, shewed exactly similar results and confirmed the high degree of prevalence of poor quality milk occasioned by the drought.

Milk, of poor quality, does not constitute an offence under the Act provided it is milk as produced by the cow, and whilst this is the legal position, it would also seem to be the proper moral view that a farmer should not be held responsible for a natural product, produced under conditions not of his making or to his liking.

Many farmers were hard put to it to feed and water their cattle during the long period of the summer and whilst the quality was adversely affected, so also was the quantity being produced.

It was partly for this reason that a number of samples, shewn by informal testing to be deficient in solids-not-fat, were sent to the Public Analyst for confirmation as to whether or not the low solids-not-fat percentage was an indication of genuinely poor milk or of adulteration by the addition of water to increase the small quantity being produced.

Legal action was confined to such cases where there was definite proof of added water and in one other case where there was sufficient proof that cream had been extracted and the warranty that the milk contained all its cream was, therefore, false.

The abnormal circumstances referred to above illustrate the difficulty of dealing with a purely natural food like milk by legislation.

Neither legislation nor any action on the part of farmers could have resulted in cows giving milk of better quality during the abnormally dry summer, but there still remains the problem of herds being kept of known high yielding capacity but with a low solids content.

It may well be that the remedy will lie within the dairy trade itself now that milk is in surplus supply. It is known already that some milk has been refused acceptance by purchasing dairies by reason of the low fat content and such action will, in time, assist in preventing the sale of the poorer quality milk.

One method of overcoming the trouble is to introduce into the herd some cows known to produce milk with a high fat content. Another is to gradually eliminate from the herd cows found to be giving very low fat content milk, and it has been suggested that payment to producers on a quality basis would be the best encouragement for this.

Breeding for quality rather than quantity is bound to be slow in progress, as is changing the beasts in a herd, and whatever steps are likely to be taken in the future it is certain that the problem of genuine milk below the presumptive standard will continue to be with us for some considerable time.

#### MILK IN SCHOOLS.

Informal sampling and testing of milk supplied to 52 schools within the County was also carried out. No sample was adulterated and two doubtful milks were sent to the Public Analyst, who certified them to be genuine.

#### SAMPLES OTHER THAN MILK.

Of the 146 samples other than milk, only two failed to reach the required standard. These were samples of imported salad cream and mayonnaise which were found to be deficient of the

minimum percentage of egg yolk solids required by the Food Standards Order made in respect of these commodities.

A good deal of controversy arose between analysts as to the method of ascertaining the percentage of egg yolk solids and the advice of the Ministry of Food was sought. Having regard to the complex situation and the advice given by the Ministry, no legal action was taken in respect of the samples.

The sample of beef sausage commented upon by the County Analyst was an informal sample and it was afterwards ascertained that a notice declaring preservative to be present was, in fact, displayed in the shop. The amount of preservative present was well within the permitted limit.

Foodstuffs, other than milk, continue to show a high degree of purity, so far as the constituents are concerned, and it would be fair to say that the standard of purity in this country is higher to-day than at any time in history.

This is due to a number of contributing factors which might be enumerated as

1. The desire on the part of most manufacturers to produce a genuine article.
2. Realisation by manufacturers of the adverse effect upon their trade if their product is found to be adulterated or below standard.
3. The stricter control exercised by the Ministry of Food by
  - (a) The making of Orders prescribing definite standards for certain foodstuffs.
  - (b) The fixing of temporary standards in Maximum Price Control Orders.
  - (c) Temporary standards being prescribed as conditions of manufacturing licences.
  - (d) The setting up of a permanent Food Standards Committee and
  - (e) The requirements of the Labelling of Food Order, 1946, which makes it obligatory for most foodstuffs to be labelled with a true statement of the ingredients.
4. The active work performed by Food and Drugs authorities and their Public Analysts.

Food Standards Orders now in force in respect of several foodstuffs are directly enforceable by Food and Drugs authorities. Such Orders are of benefit to manufacturers and enforcing authorities alike and remove the difficulty of Courts having to reach a conclusion and themselves fix a standard upon conflicting expert evidence. No such argument can arise when a legal standard has been prescribed.

Ice Cream, the sale of which seems to be continually increasing, is an article for which a standard has been considered but not yet made, despite considerable pressure by local authorities.

Under the Defence (Sale of Food) Regulations, 1943, it is an offence to publish an advertisement which falsely describes any food, or is otherwise calculated to mislead as to its nature, substance or quality, or, in particular, as to its nutritional or dietary value.

It has become necessary to examine advertisements in publications having a very wide national circulation and whilst a certain amount of advertising "puff" is expected, and must be allowed, it is possible for an advertisement to be so cleverly phrased as not to contain a single false statement yet to be quite misleading as to the real nutritional value of the food advertised.

During the year the question of such a misleading advertisement was taken up with the manufacturers of a meat essence and with the support of the Food Standards Division of the Ministry of Food, the manufacturers were persuaded that their advertisement could be deemed to be misleading as to the nutritional value. A modification of the same form of advertisement was submitted to the Ministry of Food for approval, which was refused, and as a result the firm dropped entirely the form of advertisement to which objection had been raised.

Enforcement of temporary standards contained in Maximum Price and Control Orders and those prescribed as conditions of manufacturing licences is the duty of the Ministry of Food and not the Food and Drugs authority. Where, however, in the course of duties under the Food and Drugs Act, any contravention under the Orders is found the Ministry is informed for them to take such action as is thought proper.

A comparative table is given shewing the number of samples submitted for analysis, the number reported against and the results of prosecutions for the last five years :

Year.	Samples submitted for analysis.	Samples reported against. Number.	Percentage.	Amount of fines and costs in prosecutions.
1945	593	125	21.0	£192 14 0
1946	621	86	13.8	£147 19 0
1947	603	82	13.6	£140 11 0
1948	624	87	13.9	£125 8 0
1949	652	115	17.6	£131 7 0

Details of legal proceedings instituted during the year are as follows :

				<i>Fines.</i>		<i>Costs</i>	
				£	s. d.	£	s. d.
MILK—							
1.	14.3 per cent added water	.....	Producer	10	0 0	2	12 0
	16.6 „ „ „ „	.....	„	10	0 0	1	1 0
2.	14.7 „ „ „ „	.....	Producer	2	0 0	1	1 0
			Cowman	10	0	—	
	8.6 „ „ „ „	.....	Producer	2	0 0	1	1 0
			Cowman	10	0	—	
3.	27.5 „ „ „ „	.....	Cowman	2	0 0	1	1 0
	27.1 „ „ „ „	.....	„	10	0	—	
	15.0 „ „ „ „	.....	„	10	0	—	
4.	Wilful obstruction of Inspector	.....	Retailer	5	0 0	—	
5.	5.8 per cent added water	.....	Producer	1	1 0	2	2 0
6.	15.0 per cent deficient in fat	.....	Producer	2	0 0	2	8 0
	False warranty in respect of milk	...	„	2	0 0	1	1 0
7.	23.5 per cent added water	.....	Producer	3	0 0	1	1 0
	17.9 „ „ „ „	.....	„	3	0 0	1	1 0
	13.5 „ „ „ „	.....	„	3	0 0	1	1 0
	16.0 „ „ „ „	.....	„	3	0 0	1	1 0
	11.6 „ „ „ „	.....	„	3	0 0	1	1 0
	12.6 „ „ „ „	.....	„	3	0 0	1	1 0
	5.4 „ „ „ „	.....	„	3	0 0	1	1 0
	9.0 „ „ „ „	.....	„	3	0 0	1	1 0
	3.7 „ „ „ „	.....	„	3	0 0	1	1 0
	6.7 „ „ „ „	.....	„	3	0 0	1	1 0
8.	4.1 „ „ „ „	.....	„	3	0 0	1	1 0
	6.7 „ „ „ „	.....	„	3	0 0	1	1 0
9.	9.0 „ „ „ „	.....	„	3	0 0	1	1 0
10.	3.5 per cent added water	.....	Producer	2	0 0	1	1 0
	6.4 „ „ „ „	.....	„	2	0 0	1	1 0
	7.9 „ „ „ „	.....	„	2	0 0	1	1 0
	8.3 „ „ „ „	.....	„	2	0 0	1	1 0
	9.2 „ „ „ „	.....	„	2	0 0	1	1 0
11.	8.4 „ „ „ „	.....	„	12	0 0	1	1 0

(After appeal to the King's Bench Division.  
Appeal allowed with costs.)

	TOTAL	£99 1 0	£32 6 0
	TOTAL ...	£131 7 0.	



## SECTION F.

## Prevalence of, and Control over, Infectious and other Diseases.

## 1. INFECTIOUS DISEASES.

**Smallpox.** No case was notified.

**Scarlet Fever.** The number of cases notified totalled 477, as compared with 348 in 1948. One child died from the disease. The disease in general continues to be of a mild clinical type. The notification rate was 1.90 per thousand of population, as compared with 1.63 for England and Wales.

**Diphtheria.** One case was notified, as compared with one in 1948. The child had not been immunised but recovery took place.

**Typhoid.** A total of 7 cases was notified, five of which were reported in the Daventry Rural District, whilst one occurred in Kettering Borough and one in Wellingborough Rural District. One patient died from the disease.

**Paratyphoid B. Fever.** Two cases were notified, as compared with 17 in 1948. Both cases were reported in Northampton Rural District. There were no deaths.

**Erysipelas.** A total of 52 cases was notified, as compared with 86 in 1948.

**Measles.** With the exception of Desborough and Oundle Urban Districts, cases were notified in all Urban and Rural Districts. A total of 776 cases was notified, as compared with 3,413 in 1948. Of the total, 408 occurred in Urban Districts and 368 in the Rural Districts. There were no deaths. The notification rate was 3.09 per thousand of population, as compared with 8.98 for England and Wales.

**Whooping Cough.** There was again a slight decrease in the number of notifications, from 737 in 1948 to 652. The notification rate was 2.60 per thousand of population, as compared with 2.39 for England and Wales. There were four deaths, all in children under one year.

**Diarrhoea (*under 2 years*).** There were six deaths as compared with seven in 1948.

**Puerperal Pyrexia : Ophthalmia Neonatorum.** These diseases are dealt with in the Maternity and Child Welfare Section of this Report.

**Pneumonia (Acute Primary and Acute Influenzal).** A total of 144 cases was notified, as compared with 172 in 1948. The notification rate was 0.57 per thousand of population, as compared with 0.80 for England and Wales. Deaths from *all forms* of pneumonia accounted for 123 cases, as compared with 95 in 1948.

**Anterior Poliomyelitis.** A total of 41 confirmed cases was notified, 25 in the Urban Districts and 16 in the Rural Districts. In no individual district did the number of notifications exceed six. One case of Polio-Encephalitis was notified in Wellingborough Rural District. Five patients succumbed to the disease. The notification rate of Acute Poliomyelitis was 0.16 per thousand of population, as compared with 0.13 for the country as a whole.



**Cerebro-Spinal Fever.** Three cases were notified ; one in each of Corby Urban, Oundle and Thrapston Rural and Towcester Rural Districts. There were no deaths.

**Food Poisoning.** A total of 47 cases of bacterial food poisoning was notified. The two principal foci of infection were in Kettering Borough and Wellingborough Rural District where 21 and 17 cases were reported. The causal organism appeared to be *Salmonella Typhi-Murium*.

Food poisoning is not defined in the Food and Drugs Act, 1938. The notification of food poisoning appears to have achieved the purpose intended, i.e., that circumstances requiring further investigation and action, which the general medical practitioner cannot be expected to undertake, are brought properly to the notice of the local Medical Officer of Health.

2. DIPHTHERIA IMMUNISATION.

The diphtheria antigen in general use is Alum Precipitated Toxoid provided free by the Ministry of Health through the Public Health Laboratory Service.

IMMUNISATION STATISTICS FOR POPULATION UNDER 15 YEARS.

Year	No. immunised during year		Estimated % immunised		Notified cases of Diphtheria amongst :				Deaths assigned to Diphtheria amongst :			
	Under 5	5-15	Under 5	5-15	(a)		(b)		(a)		(b)	
					Immunised	Non-immun.	Immunised	Non-immun.	Immunised	Non-immun.	Immunised	Non-immun.
	0-4	5-15	0-4	5-15	0-4	5-15	0-4	5-15	0-4	5-15	0-4	5-15
1941 and 1942	8005	28254	46	74	—	1	36	65	—	—	11	4
1943	4266	3167	56	83	—	10	7	22	—	—	1	3
1944	3014	1175	58	84	—	12	11	7	—	—	4	1
1945	3095	361	56	89	—	13	1	1	—	1	—	—
1946	2995	237	52	95	—	1	—	5	—	—	—	—
1947	2813	127	48	94	1	—	—	—	—	—	—	—
1948	3513	143	50	92	—	—	—	—	—	—	—	—
1949	3010	76	50	86	—	—	—	1	—	—	—	—

3. WHOOPING COUGH IMMUNISATION.

The whooping cough vaccine and the combined diphtheria-pertussis prophylactic are purchased by the Council from Glaxo Laboratories, Ltd.

IMMUNISATION STATISTICS FOR POPULATION UNDER 15 YEARS.

Year.	No. Immunised during year.		Total.
	Under 5	5-15	
1949	960 (766)*	25 (16)*	985 (782)*

\* These figures relate to children immunised with combined diphtheria-whooping cough vaccine and are also included in the diphtheria immunisation statistics.

4. VACCINATION.

The number of vaccinations carried out under the approved scheme totalled 1,005, comprising 790 primary and 215 re-vaccinations. No complications associated with vaccination were reported. The following table shows the age grouping of the persons vaccinated.

## NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED).

<i>Age at 31st Dec., 1949 i.e., born in years.</i>	<i>Under 1 1949</i>	<i>1 to 4 1945 to 1948</i>	<i>5 to 14 1935 to 1944</i>	<i>15 or over Before 1935</i>	<i>Total.</i>
Number vaccinated ...	344	286	51	109	790
Number re-vaccinated	—	4	22	189	215

## 5. TUBERCULOSIS.

The following figures compiled from the Returns of the District Medical Officers of Health show the position of the County as regards existing cases of Tuberculosis at the end of 1949.

<i>Respiratory.</i>			<i>Non-Respiratory.</i>			<i>Total</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Cases.</i>
636	478	1,114	182	166	348	1,462

Particulars of new cases of Tuberculosis and of all deaths from the disease in the area are shown below :

AGE PERIODS.	NEW CASES.				DEATHS.			
	<i>Respiratory.</i>		<i>Non-Respiratory.</i>		<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ... ..	—	—	—	—	—	—	—	—
1— ... ..	—	1	2	1	—	—	1	2
5— ... ..	2	3	3	3	—	1	1	—
10— ... ..	1	5	2	3				
15— ... ..	6	14	1	—				
20— ... ..	3	11	2	5	26	26	1	2
25— ... ..	19	14	6	5				
35— ... ..	23	11	1	2				
45— ... ..	20	4	2	2	26	9	—	1
55— ... ..	9	1	—	—				
65— ... ..	8	3	1	—				
TOTALS ...	91	67	20	21	63	38	3	5

Twenty-six new cases were not notified in this Administrative County ; these were transfers from other areas. There were two posthumous notifications.

The total primary notifications of Tuberculosis amounted to 199—100 in the Urban Districts and 99 in the Rural Districts. Of this number, 158 were suffering from respiratory forms of the disease and 41 from other forms of tuberculosis. There were thirteen more primary notifications during 1949 than for the year 1948. Of the 199 primary notifications, 194 were civilians and five non-civilians ; Table III, page 47 in the Statistical Section, shows the number of civilian cases notified in each District.

**Mortality.** Respiratory—101 deaths (63 males and 38 females) occurred, 62 in the Urban Districts and 39 in the Rural Districts.

Other Forms—Eight deaths occurred from other forms of the disease (three males and five females), five in the Urban Districts and three in the Rural Districts.

There were thus 109 deaths from all forms of tuberculosis as compared with 105 in 1948. The mortality rate was 0.43 per thousand of the population, which is the lowest but two so far recorded. The rate for the combined Urban Districts was 0.51 and for the combined Rural Districts 0.35.

Details of Tuberculosis Mortality Rates during this century will be found in Table V, on page 49.

#### **6. NORTHAMPTON AND COUNTY TUBERCULOSIS CARE COMMITTEE.**

At a Conference held at Desborough on 22nd April, 1950, it was reported that receipts from the Christmas Seal Sale for 1949 were—

Burton Latimer £36, Corby £50, Desborough £82, Higham Ferrers £67, Irthlingborough £32, Kettering £153, Northampton £366, Rothwell £57, Rushden £193, Thrapston £44, Wellingborough £402, a total of £1,482.

It was also reported that assistance given by each Committee to its patients consisted of such things as milk grants, grocery vouchers, clothes, etc., and in some cases included the payment of wireless licences, provision of a baby's layette, a grant towards the cost of a sun-blind, etc.



CAUSES OF DEATH	Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Davenport M.B.		Desboro' U.D.		Higham Ferrers M.B.		Irthling-borough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D.s.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
ALL CAUSES	17	19	26	31	58	28	29	23	34	23	1	22	18	39	36	209	193	10	17	36	29	30	24	112	109	210	156	832	706	
1 Typhoid and paratyphoid fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
2 Cerebro-spinal fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
3 Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
4 Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
5 Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
6 Tuberculosis of respiratory system	...	...	3	1	5	2	1	1	2	1	1	1	1	...	1	19	9	...	...	...	...	1	...	5	2	5	2	42	20	
7 Other forms of Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	3	2	2	
8 Syphilitic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	
9 Influenza	1	...	1	...	1	1	2	2	1	...	...	...	...	...	...	1	1	...	...	...	...	3	1	1	3	...	...	12	9	
10 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
11 Acute polio-myelitis & polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
12 Acute Infective Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
13 Cancer of buc : cav : and oesoph : (M), uterus (F).	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	3	3	1	...	...	...	...	...	...	...	...	...	...	...	
14 Cancer of stomach and duodenum	...	...	...	1	2	1	...	...	...	...	1	3	1	...	2	6	7	...	...	...	1	...	...	...	...	...	...	9	8	
15 Cancer of Breast	...	2	...	1	1	1	...	...	...	...	2	...	3	...	...	9	...	...	...	...	...	...	...	...	...	...	...	19	17	
16 Cancer of all other sites	1	2	2	3	6	3	...	...	...	...	4	5	1	5	2	31	18	...	...	...	...	6	...	17	7	26	19	107	65	
17 Diabetes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
18 Intra-cranial vascular lesions	4	...	5	4	4	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	15	
19 Heart Diseases	4	8	6	13	8	7	...	...	...	...	13	7	8	11	14	71	70	5	2	6	6	8	7	42	34	61	56	250	99	
20 Other diseases of the circulatory system	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
21 Bronchitis	...	...	2	1	1	2	...	...	...	...	2	1	...	2	1	11	2	...	...	...	...	2	2	7	4	13	7	42	25	
22 Pneumonia	...	...	2	...	7	1	2	1	2	1	...	1	1	6	2	8	3	...	...	...	...	1	5	4	4	5	41	18	7	
23 Other respiratory diseases	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	3	3	1	...	...	...	...	1	2	3	...	...	13	2	
24 Ulcer of stomach or duodenum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	2	
25 Diarrhoea under 2 years	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	
26 Appendicitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
27 Other digestive diseases	1	...	...	1	1	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
28 Nephritis	...	...	...	...	2	1	...	...	4	1	...	...	...	...	...	2	4	...	...	...	...	...	...	...	...	...	...	...	...	
29 Puerperal and post-abortive sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
30 Other maternal causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
31 Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
32 Congenital Malformation, Birth inj : infantile diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
33 Suicide	1	...	1	1	2	3	1	...	1	...	...	1	...	1	1	2	8	...	...	...	...	1	...	...	...	...	...	...	...	
34 Road traffic accidents	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	
35 Other violent causes	...	...	2	...	1	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
36 All other causes	3	6	1	3	2	1	3	2	1	2	...	1	1	3	4	12	12	...	6	2	5	1	...	3	8	17	49	57	...	
Deaths of Infants under 1 year	1	...	4	1	7	3	2	1	...	...	...	2	...	2	2	7	12	...	...	1	2	2	1	2	1	...	...	...	...	
Live Births—	16	19	43	37	136	146	33	36	24	38	27	33	27	39	44	284	273	20	12	31	34	37	38	116	103	240	216	1052	1023	
Legitimate	15	18	40	34	127	137	33	36	24	37	31	33	26	37	43	278	261	17	11	30	34	36	37	113	98	228	209	1009	981	
Illegitimate	1	1	3	3	9	9	...	...	...	1	2	...	1	2	1	6	12	3	1	1	...	1	1	3	5	12	7	43	42	...
Stillbirths—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Legitimate	...	1	...	1	4	4	1	2	2	...	...	...	2	1	...	6	2	...	...	...	1	1	...	...	2	6	...	...	...	...
Illegitimate	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Population : Civilian	2,588	...	4,046	...	13,970	...	4,070	3,644	4,645	4,967	37,110	2,728	4,543	4,677	16,410	28,200	131,598	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	2,598	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Comparability Factor	0.96	...	0.94	...	1.78	...	0.82	0.92	0.90	0.93	0.95	0.83	0.85	0.91	0.90	0.96	...	...	...	...	...	...	...	...	...	...	...	...	...	...



## CAUSES OF DEATH IN ADMINISTRATIVE AREAS.—RURAL DISTRICTS.

TABLE I. (b)

CAUSES OF DEATH.			Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Welling- borough R.D.		Aggregate of R.D.'s.	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES .....			62	62	99	104	116	101	54	58	115	115	128	120	93	86	87	85	754	731
1 Typhoid and paratyphoid fevers ...			...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
2 Cerebro-spinal fever .....			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Scarlet Fever .....			...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
4 Whooping Cough.....			...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	2	...
5 Diphtheria .....			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Tuberculosis of respiratory system			1	...	4	3	2	2	...	3	6	2	3	4	4	2	1	2	...	...
7 Other forms of Tuberculosis .....			...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	2	21	18
8 Syphilitic Diseases .....			...	1	...	1	1	...	...	...	...	...	...	...	1	...	1	...	...	3
9 Influenza .....			1	1	1	3	3	1	...	1	1	1	4	3	1	...	2	1	2	3
10 Measles .....			...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	13	11
11 Acute polio-myelitis & polio-encephalitis			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Acute Infective Encephalitis.....			...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2	...
13 Cancer of buc : cav : and œsoph : (M), uterus (F).			...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
14 Cancer of stomach and duodenum			1	...	1	3	...	1	...	1	...	...	1	3	1	2	1	...	5	10
15 Cancer of Breast .....			1	...	5	1	3	...	3	1	3	3	5	4	1	1	...	1	21	11
16 Cancer of all other sites .....			...	1	...	2	...	4	...	2	...	3	1	4	...	2	...	2	1	20
17 Diabetes .....			3	5	8	10	18	4	11	5	12	10	13	17	11	10	6	6	82	67
18 Intra-cranial vascular lesions .....			...	1	...	1	2	...	1	...	...	...	2	1	...	2	3	1	6	8
19 Heart Diseases.....			10	9	4	10	10	13	5	9	9	14	15	21	12	15	15	12	80	103
20 Other diseases of the circulatory system			17	20	38	37	30	35	15	14	30	31	28	25	18	28	25	31	201	221
21 Bronchitis.....			2	2	2	6	7	8	1	5	4	7	4	2	...	3	2	4	22	37
22 Pneumonia .....			2	5	8	6	8	5	2	5	6	6	13	5	2	8	4	4	45	44
23 Other respiratory diseases .....			1	1	5	...	5	3	5	2	8	7	...	8	5	1	8	5	37	27
24 Ulcer of stomach or duodenum ...			3	...	1	2	2	2	...	1	2	2	3	...	3	1	...	1	14	9
25 Diarrhoea under 2 years .....			1	1	1	...	1	1	1	1	1	...	2	1	1	...	2	...	10	4
26 Appendicitis .....			...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1
27 Other digestive diseases .....			1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...
28 Nephritis .....			1	...	...	2	3	...	2	1	2	3	1	...	2	2	...	3	11	11
29 Puerperal and post-abortive sepsis...			3	2	6	4	2	3	2	...	8	8	2	2	9	1	5	3	37	23
30 Other maternal causes .....			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Premature Birth .....			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32 Congenital Malformation, Birth inj : infantile diseases ...			2	...	1	...	...	1	...	...	3	...	2	1	2	...	1	2	11	4
33 Suicide .....			3	1	2	3	4	1	1	...	2	6	3	1	4	1	2	1	21	14
34 Road traffic accidents .....			1	...	3	2	1	1	...	...	4	2	4	...	3	...	...	...	16	5
35 Other violent causes .....			...	...	2	...	3	1	1	...	2	1	1	...	5	...	1	1	15	3
36 All other causes .....			1	2	1	1	2	4	1	...	5	2	4	...	4	1	1	...	19	10
Deaths of Infants under 1 year			7	10	5	7	8	8	4	6	6	6	15	17	4	4	6	5	55	63
Deaths of Infants under 1 year { Total ...			4	1	4	4	8	6	4	...	6	7	6	3	7	1	4	4	43	26
Deaths of Infants under 1 year { Legitimate ...			3	1	3	4	8	5	4	...	5	7	6	3	7	1	4	3	40	24
Deaths of Infants under 1 year { Illegitimate ...			1	...	1	...	...	1	...	...	1	...	...	...	...	...	1	3	...	2
Live Births— { Total ...			81	89	132	127	143	107	124	92	145	148	167	166	137	118	104	101	1033	948
Live Births— { Legitimate ...			79	84	125	123	137	101	121	88	138	138	157	156	131	111	101	94	989	895
Live Births— { Illegitimate ...			2	5	7	4	6	6	3	4	7	10	10	10	6	7	3	7	44	53
Stillbirths— { Total ...			2	1	1	2	1	4	4	...	...	...	8	4	...	2	2	3	18	16
Stillbirths— { Legitimate ...			2	1	1	2	1	4	4	...	...	...	7	4	...	2	2	3	17	16
Stillbirths— { Illegitimate ...			...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Population : Civilian ...			9,432		17,170		15,860		11,980		18,760		18,440		14,300		12,960		118,902	
Total ...			9,482				15,900				18,810		18,470				12,990		119,102	
Comparability Factor ...			0.84		0.82		0.83		0.99		0.85		0.88		0.86		0.84		0.86	

TABLE II.  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS							AGGREGATE OF RURAL DISTRICTS						
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
1 Typhoid and paratyphoid fevers ...	M. F.	... 1	... ...	... 1	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... 1	... ...	... ...
2 Cerebro-spinal fever .....	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
3 Scarlet Fever .....	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	1 ...	... ...	... ...	... ...	... ...
4 Whooping Cough.....	M. F.	... 2	... 1	... 1	... ...	... ...	... ...	... ...	2 ...	1 ...	1 ...	... ...	... ...	... ...	... ...
5 Diphtheria .....	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
6 Tuberculosis of respiratory system	M. F.	42 20	... ...	... ...	... ...	20 16	15 4	7 ...	21 18	... ...	... ...	... 1	6 10	11 5	4 2
7 Other forms of Tuberculosis .....	M. F.	3 2	... ...	1 ...	1 ...	1 2	... ...	... ...	... 3	... ...	... 2	... ...	... ...	... 1	... ...
8 Syphilitic Diseases .....	M. F.	... 2	... ...	... ...	... ...	... ...	... 1	... 1	2 3	... ...	... ...	... ...	... ...	... 2	1 ...
9 Influenza .....	M. F.	12 9	1 2	... ...	... ...	... 1	2 2	9 4	13 11	1 ...	1 1	... ...	1 1	4 1	6 8
10 Measles .....	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
11 Acute polio-myelitis and polio- encephalitis .....	M. F.	1 2	... ...	... ...	... 1	1 1	... ...	... ...	2 ...	... ...	... ...	2 ...	... ...	... ...	... ...
12 Acute Infective Encephalitis .....	M. F.	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...
13 Cancer of buc : cav : and æosph (M), uterus (F).	M. F.	9 8	... ...	... ...	... ...	... 1	2 3	7 4	5 10	... ...	... ...	... ...	... 2	1 5	4 3
14 Cancer of stomach and duodenum	M. F.	19 17	... ...	... ...	... ...	... 4	8 2	11 11	21 11	... ...	... ...	... ...	... ...	8 2	13 9
15 Cancer of Breast .....	M. F.	... 28	... ...	... ...	... ...	... 4	... 11	... 13	1 20	... ...	... ...	... ...	... 2	1 6	... 12
16 Cancer of all other sites .....	M. F.	107 65	... ...	... ...	... ...	7 4	36 25	64 36	82 67	... ...	... ...	... ...	1 4	27 15	54 48
17 Diabetes .....	M. F.	2 15	... ...	... ...	... ...	1 ...	1 2	... 13	6 8	... ...	... ...	... ...	... 1	3 ...	3 7
18 Intra-cranial vascular lesions .....	M. F.	100 99	... ...	... ...	... ...	2 ...	18 13	80 86	80 103	... ...	... ...	... ...	2 ...	17 17	61 86
19 Heart Diseases .....	M. F.	250 230	... ...	... ...	... ...	5 7	54 31	191 192	201 221	... ...	... ...	1 ...	3 3	49 25	148 193

TABLE II. (continued).  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS							AGGREGATE OF RURAL DISTRICTS						
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
20 Other diseases of the circulatory system .....	M. F.	28 16	...	...	...	...	5 2	23 14	22 37	...	...	...	...	2 5	20 31
21 Bronchitis.....	M. F.	42 25	3 ...	1 1	...	1 1	9 3	28 20	45 44	...	...	...	3 ...	5 4	37 40
22 Pneumonia .....	M. F.	41 18	8 5	2 1	1 ...	1 ...	12 2	17 10	37 27	7 4	1 ...	1 1	1 2	7 4	20 16
23 Other respiratory diseases .....	M. F.	13 7	...	...	...	1 1	4 5	8 1	14 9	...	...	...	...	3 4	11 4
24 Ulcer of stomach or duodenum ...	M. F.	10 2	...	...	...	...	7 ...	3 2	10 4	...	...	...	1 ...	2 1	7 3
25 Diarrhoea under 2 years .....	M. F.	3 1	3 1	...	...	...	...	...	1 1	1 1	...	...	...	...	...
26 Appendicitis .....	M. F.	3 ...	...	1 ...	...	1 ...	...	1 ...	2 ...	...	1 ...	...	...	1 ...	...
27 Other digestive diseases .....	M. F.	16 14	1 1	...	...	...	3 4	12 8	11 11	3 ...	...	...	3 1	2 3	3 7
28 Nephritis .....	M. F.	15 17	...	...	...	1 1	7 7	7 8	37 23	...	...	...	2 ...	4 5	31 18
29 Puerperal and post-abortive sepsis	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Other maternal causes .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Premature birth .....	M. F.	10 4	10 4	...	...	...	...	...	11 4	11 4	...	...	...	...	...
32 Congenital Malformation, Birth inj : infantile diseases	M. F.	17 17	13 13	1 2	...	1 2	1 ...	1 ...	21 14	18 14	1 ...	1 ...	...	...	...
33 Suicide .....	M. F.	7 8	...	...	...	...	4 3	2 2	16 5	...	...	...	3 2	6 1	7 2
34 Road Traffic accidents .....	M. F.	9 3	...	...	...	...	...	1 1	15 3	...	...	...	4 1	2 2	...
35 Other violent causes .....	M. F.	24 16	...	...	2 4	8 1	5 ...	8 11	19 10	1 2	1 ...	1 2	...	2 ...	6 6
36 All other causes .....	M. F.	49 57	2 ...	1 2	1 ...	2 4	8 9	35 42	55 63	...	2 2	...	5 5	8 8	40 47
ALL CAUSES .....	M. F.	832 706	41 27	8 11	5 5	60 55	203 129	515 479	763 731	43 26	8 5	9 4	49 37	165 116	489 543



TABLE II(b)

**BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY AND CASES RATES  
FOR CERTAIN INFECTIOUS DISEASES FOR NORTHAMPTONSHIRE AND ENGLAND AND  
WALES, 1949.**

<b>Births :</b>	<i>England and Wales</i>	<i>Northamptonshire</i>
Live .....	16.7	16.19
Still .....	0.39	0.27
<b>Deaths :</b>		
All causes .....	11.7	12.07
Typhoid and Paratyphoid ...	0.00	0.01
Pneumonia .....	0.51	0.41
Whooping Cough .....	0.01	0.02
Diphtheria .....	0.00	0.00
Influenza .....	0.15	0.02
Smallpox .....	0.00	0.00
Acute Poliomyelitis and polio- encephalitis .....	0.01	0.02
<b>Deaths under one year (all causes)</b>	32.00	33.78
Enteritis and diarrhoea under two years of age .....	3.00	0.02
<b>Notifications :</b>		
Typhoid fever .....	0.01	0.03
Paratyphoid fever .....	0.01	0.01
Cerebro-spinal fever .....	0.02	0.01
Scarlet fever .....	1.63	1.90
Whooping Cough .....	2.39	2.60
Diphtheria .....	0.04	0.004
Erysipelas .....	0.19	0.21
Smallpox .....	0.00	0.00
Measles .....	8.95	3.09
Pneumonia .....	0.80	0.57
Acute poliomyelitis .....	0.13	0.16
Food poisoning.....	0.14	0.19

TABLE No. II(a)

**CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR—1949.**

<i>Causes of Death</i>	<i>Age in Weeks</i>					<i>Total</i>
	—1	—2	—3	—4	5-52	
Whooping Cough .....	—	—	—	—	—	—
Tuberculous Diseases .....	—	—	—	—	—	—
Measles .....	—	—	—	—	1	1
Convulsions .....	2	—	—	—	—	2
Bronchitis and Pneumonia .....	1	1	—	1	29	32
Enteritis and Diarrhoea .....	—	—	—	1	7	8
Congenital Malformations .....	9	3	—	—	6	18
Premature Birth .....	33	1	—	—	—	34
Injury at Birth .....	8	—	—	—	—	8
Asphyxia and Atelectasis .....	18	—	—	—	—	18
Congenital Debility .....	—	—	—	—	—	—
Haemolytic Disease .....	2	1	—	—	—	3
Other causes .....	2	—	—	2	8	12
<b>TOTALS .....</b>	<b>75</b>	<b>6</b>	<b>—</b>	<b>4</b>	<b>51</b>	<b>136*</b>

\* The number recorded locally is one less than that supplied by the Registrar General.



CIVILIAN CASES OF INFECTIOUS DISEASE. 1949.  
(Final numbers after correction).

TABLE III.

DISEASES.	URBAN DISTRICTS.													RURAL DISTRICTS.									Totals for Administrative County		
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Totals for Combined Urban Districts	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester	Wellingborough		Totals for Combined Rural Districts	
Small Pox...	—	—	—	—	—	16	—	3	1	34	7	38	10	270	1	49	34	34	52	8	9	20	207	477	
Scarlet Fever	—	—	—	7	—	1	—	—	—	5	2	8	12	37	1	—	1	1	4	5	—	—	1	15	52
Diphtheria	—	—	—	4	—	—	—	—	—	—	—	—	6	11	—	—	—	—	—	—	—	—	3	14	
Erysipelas	—	—	—	13	10	1	—	6	1	3	—	14	32	88	—	—	4	4	9	8	11	15	56	144	
Puerperal Pyrexia	—	3	5	67	57	75	—	8	—	2	9	45	120	408	17	125	83	15	68	16	9	35	368	776	
Pneumonia	19	1	5	105	3	6	—	18	—	1	1	37	99	273	8	107	32	8	47	83	65	29	379	652	
Measles ...	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis of the Respiratory System	1	1	4	28	1	10	2	6	—	3	1	7	15	79	3	12	11	2	12	16	8	10	74	153	
Other forms of Tuberculosis	—	—	1	3	—	—	—	—	—	2	1	7	5	19	1	4	3	2	1	7	3	1	22	41	
Acute Poliomyelitis	—	—	—	4	4	6	4	—	—	—	—	6	1	25	—	—	3	4	1	4	—	4	16	41	
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	
Dysentery (Bacillary)	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	5	6	
Malaria (believed to have been contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	1	2	—	—	3	—	2	1	—	—	1	—	—	2	5	
Cerebro-Spinal fever	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	2	3	
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Typhoid Fever ...	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	5	—	—	—	—	1	6	7	
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	2	2	
Food Poisoning ...	—	—	—	21	—	3	—	—	—	—	—	—	3	27	—	—	3	—	—	—	—	17	20	47	
Totals	20	8	20	385	103	119	6	41	2	51	23	162	303	1243	31	304	181	71	200	149	106	139	1181	2424	

TABLE IV.

SEX AND AGE DISTRIBUTION OF NOTIFIABLE DISEASES, 1949.

Numbers of Cases of Infectious Diseases originally notified during 1949, and of the Final numbers according to Sex and Age after corrections subsequently made either by the Notifying Practitioner or the Medical Superintendent of the Infectious Diseases Hospital.

<i>Ages, etc.</i> (N.K.=age unknown)	Scarlet Fever		Whooping Cough		Acute Poliomyelitis		Acute Poli-encephalitis		Measles		Diphtheria	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Numbers orig. notified												
Civilians (All ages)	251	230	316	337	22	20	—	2	399	378	1	1
Non-civs. (All ages)	—	—	—	—	—	—	—	—	—	—	—	—
Final nos. aft. correction												
0— ...	2	—	24	27	—	2	—	—	15	14	—	—
1— ...	24	17	68	67	3	6	—	—	87	97	—	—
3— ...	64	56	94	115	5	2	—	—	124	114	—	—
5— ...	127	114	108	92	4	4	—	—	150	119	1	—
Civilians 10— ...	22	27	18	19	1	2	—	—	6	7	—	—
15— ...	5	5	—	5	5	3	—	—	4	14	—	—
25 & over	6	7	1	8	3	1	—	1	3	10	—	—
Age unknown	—	1	2	4	—	—	—	—	—	2	—	—
Total civs.	250	227	315	337	21	20	—	1	399	377	1	—
Non-civilians 15— ...	—	—	—	—	—	—	—	—	—	—	—	—
25 & over (or N.K.) ...	—	—	—	—	—	—	—	—	—	—	—	—
Total non-civilians	—	—	—	—	—	—	—	—	—	—	—	—
		Acute Pneumonia	Dysentery		Smallpox		Ac. Encephalitis lethargica		Enteric or Typh. Fever		Paratyphoid Fevers	
		M. F.	M. F.		M. F.		M. F.		M. F.		M. F.	
No. originally notified												
Civilians (All ages) ...	88	56	4	2	—	—	—	—	2	5	1	1
Non-civs. (All ages)	1	—	—	—	—	—	—	—	—	—	—	—
Final nos. aft. correction												
0— ...	7	7	—	—	—	—	—	—	—	1	—	—
5— ...	9	9	—	—	—	—	—	—	—	1	—	—
15— ...	23	12	1	1	—	—	—	—	—	2	1	1
Civilians 45— ...	30	13	1	1	—	—	—	—	2	1	—	—
65 & over	18	14	2	—	—	—	—	—	—	—	—	—
Age unknown	1	1	—	—	—	—	—	—	—	—	—	—
Total civs.	88	56	4	2	—	—	—	—	2	5	1	1
Non-civilians 15—(or N.K.)	—	—	—	—	—	—	—	—	—	—	—	—
45 & over	1	—	—	—	—	—	—	—	—	—	—	—
Total non-civs.	1	—	—	—	—	—	—	—	—	—	—	—
		Erysipelas	Cerebro-Spinal Fever		Food Poisoning		Other notifiable diseases		Originally notified		Final Nos. aft. correction	
		M. F.	M. F.		M. F.				M. F.		M. F.	
Nos. originally notified												
Civilians (All ages) ...	27	25	3	1	20	28	Civilians Puerperal Pyrexia		—	14	—	14
Non-civs. (All ages)	—	—	—	—	—	—			—	—	—	—
Final Nos. aft. correction							Ophthalmia Neon.		3	2	3	2
0— ...	—	—	—	1	6	7						
5— ...	1	1	1	—	5	3						
15— ...	6	6	—	—	6	12						
Civilians 45— ...	12	13	—	—	1	4	Non-Civilians Puerperal Pyrexia		—	—	—	—
65 & over	7	5	1	—	2	1						
Age unknown	1	—	—	—	—	—						
Total Civs.	27	25	2	1	20	27						
Non-civilians 15—(or N.K.)	—	—	—	—	—	—						
45 & over	—	—	—	—	—	—						
Total non-civs. ...	—	—	—	—	—	—						

TABLE V.

## NORTHAMPTONSHIRE.

## TUBERCULOSIS DEATHS AND MORTALITY RATES, 1900-1949.

Year	Estimated Populations.	Tuberculosis of Respiratory System.	Death Rate per 1000 of Population.	Other forms of Tuberculosis.	Death Rate per 1000 of Population.	All forms of Tuberculosis.	Death Rate per 1000 of Population.
1900	220,678	205	.93	46	.20	251	1.13
1901	207,719	162	.78	47	.22	209	1.00
1902	209,984	199	.94	63	.30	262	1.24
1903	212,610	182	.85	66	.31	248	1.16
1904	213,874	204	.95	82	.38	286	1.33
1905	214,909	165	.77	85	.39	250	1.16
1906	216,319	186	.86	63	.29	249	1.15
1907	216,935	196	.90	61	.28	257	1.18
1908	217,765	207	.95	68	.31	275	1.26
1909	219,149	185	.84	77	.35	262	1.19
1910	220,897	190	.86	66	.29	256	1.15
1911	213,796	204	.95	77	.36	281	1.31
1912	215,091	197	.92	57	.26	254	1.18
1913	215,579	192	.89	58	.26	250	1.15
1914	216,569	178	.82	50	.23	228	1.05
1915	211,286	202	.95	59	.28	261	1.23
1916	202,552	242	1.19	60	.30	302	1.49
1917	190,215	229	1.20	55	.29	284	1.49
1918	192,564	230	1.19	59	.31	289	1.50
1919	207,508	183	.88	52	.25	235	1.13
1920	215,777	160	.74	44	.20	204	0.94
1921	212,270	172	.81	46	.21	218	1.02
1922	213,340	162	.76	27	.12	189	0.88
1923	214,331	159	.74	38	.17	197	0.91
1924	215,200	169	.78	27	.13	196	0.91
1925	215,300	174	.80	35	.17	209	0.97
1926	214,200	136	.63	28	.13	164	0.76
1927	215,000	162	.75	30	.14	192	0.89
1928	215,100	140	.65	32	.14	172	0.79
1929	216,500	159	.73	20	.09	179	0.82
1930	217,550	150	.69	31	.14	181	0.83
1931	218,300	130	.60	25	.11	155	0.71
1932	213,900	115	.53	24	.11	139	0.64
1933	214,300	116	.54	20	.09	136	0.63
1934	214,550	114	.53	34	.15	148	0.68
1935	216,200	119	.55	27	.12	146	0.67
1936	217,600	99	.45	18	.08	117	0.53
1937	220,400	94	.42	28	.13	122	0.55
1938	221,400	104	.47	24	.10	128	0.57
1939	228,300	96	.42	16	.07	112	0.49
1940	241,200	113	.47	28	.11	141	0.58
1941	259,820	106	.41	24	.09	130	0.50
1942	243,800	92	.38	28	.11	120	0.49
1943	235,000	101	.43	17	.07	118	0.50
1944	233,340	112	.48	33	.14	145	0.62
1945	228,640	111	.48	22	.10	133	0.58
1946	236,340	87	.37	20	.08	107	0.45
1947	240,210	69	.29	18	.07	87	0.36
1948	247,820	87	.35	18	.07	105	0.42
1949	250,500	101	.40	8	.03	109	0.43



TABLE VI.

## VITAL STATISTICS FOR 1949 AND PREVIOUS YEARS.

Year.	Estimated Population mid-year.	BIRTHS.		DEATHS			
				Under 1 year.		All Ages.	
		No.	Rate.	No.	Rate.	No.	Rate.
1897	228,955	6761	29.50	906	134.00	3559	15.53
1898	234,902	6647	28.29	888	133.59	3374	14.30
1899	240,484	6632	27.59	870	131.10	3399	14.10
1900	§220,678	5621	25.47	617	109.76	3078	13.90
1901	207,719	5641	27.15	579	102.60	2758	13.27
1902	209,984	5453	25.96	535	98.11	2785	13.26
1903	212,610	5430	25.53	560	103.13	2838	13.34
1904	213,874	5265	24.61	614	116.61	2964	13.85
1905	215,909	5168	23.93	585	113.19	2812	13.02
1906	216,319	4997	23.10	514	102.86	2638	12.19
1907	216,935	4643	21.40	410	80.30	2656	12.24
1908	217,765	4755	21.83	454	95.47	2749	12.62
1909	219,149	4597	20.97	384	83.53	2790	12.73
1910	220,897	4430	20.05	356	80.36	2493	11.28
1911	213,796	4378	20.47	421	96.16	2692	12.59
1912	215,091	4281	19.90	342	79.88	2601	12.00
1913	215,579	4296	19.92	368	85.66	2525	11.71
1914	216,569	4146	19.14	305	73.56	2594	11.97
1915	211,286	4016	18.54	382	95.11	3012	14.25
1916	202,552	3822	17.34	254	66.00	2702	13.33
1917	190,215	3197	15.07	259	81.00	2665	14.01
1918	192,564	3096	14.34	210	67.00	2938	15.25
1919	†207,508	3140	14.52	254	80.00	2873	13.84
	*216,162						
1920	†215,777	4913	22.74	293	59.00	2393	11.09
	*215,968						
1921	212,769	4166	19.57	300	72.00	2514	11.84
1922	†213,340	3875	18.12	227	58.00	2507	11.75
	*213,840						
1923	†214,331	3686	17.15	225	61.00	2475	11.54
	*214,820						
1924	215,200	3494	16.23	185	52.00	2494	11.58
1925	215,300	3480	16.16	197	56.60	2525	11.72
1926	214,200	3393	15.84	177	52.16	2436	11.37
1927	215,000	3108	14.45	159	51.00	2539	11.80
1928	215,170	3175	14.75	154	48.00	2507	11.65
1929	216,500	3104	14.33	171	55.09	2649	12.23
1930	217,500	2991	13.74	126	42.12	2490	11.44
1931	218,300	2924	13.39	135	46.10	2472	11.32
1932	§213,900	2743	12.76	125	45.50	2463	11.45
1933	214,300	2665	12.43	112	42.02	2542	11.85
1934	214,550	2688	12.52	154	57.29	2706	12.61
1935	216,200	2881	13.32	146	50.67	2707	12.52
1936	217,600	3047	14.00	146	47.91	2660	12.22
1937	220,400	3104	14.08	136	43.81	2689	12.20
1938	221,400	3184	14.38	131	41.14	2552	11.52
1939	†228,300	3336	15.02	137	40.41	2758	12.08
	*222,100						
1940	241,200	3363	13.94	170	48.39	3153	13.07
1941	259,820	3511	13.51	182	48.08	3103	11.94
1942	243,800	4062	16.66	140	34.46	2687	11.02
1943	235,000	4210	17.91	170	40.38	2890	12.29
1944	233,340	4684	20.07	178	38.00	2952	12.65
1945	228,640	4340	18.98	170	39.17	2822	12.34
1946	236,340	4531	19.17	167	36.86	2835	12.00
1947	240,210	4905	20.42	172	35.07	2986	12.43
1948	247,820	4326	17.46	137	31.67	2727	11.00
1949	250,500	4056	16.19	137	33.78	3023	12.07

§ Extension of Borough of Northampton.

† Population for calculation of Death Rate.

\* Population for calculation of Birth Rate.